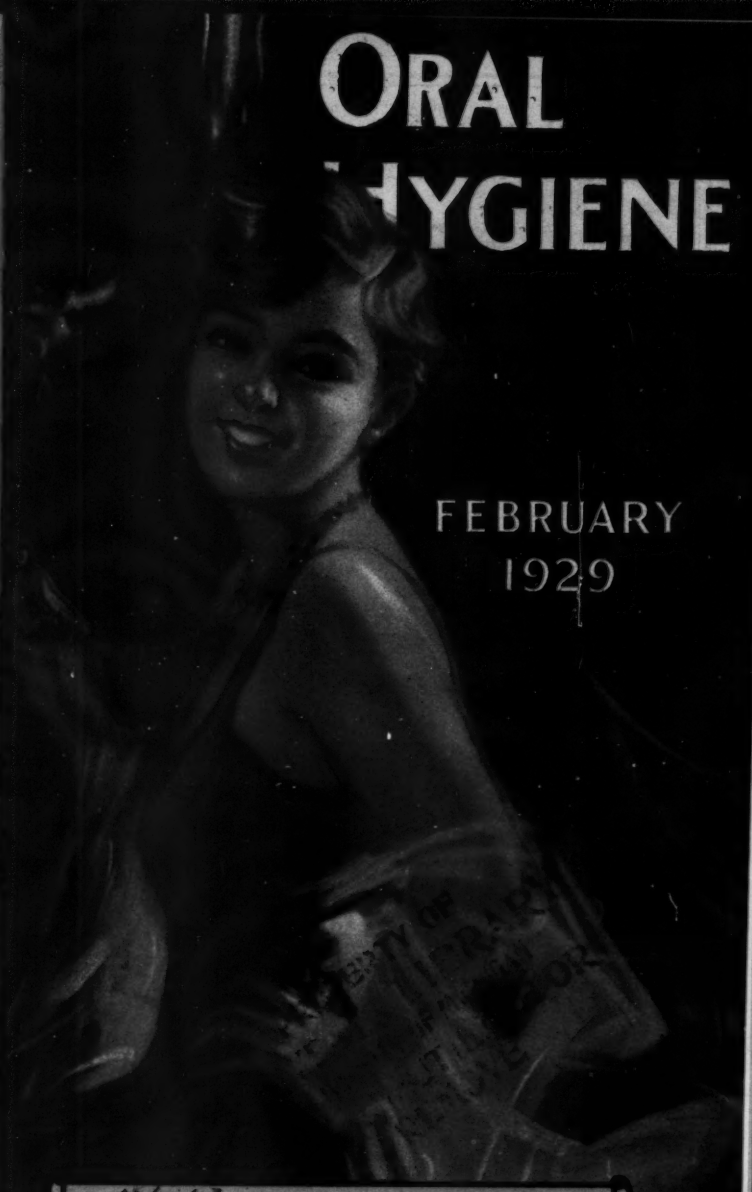
ORAL HYGIENE

FEBRUARY
1929



Circulation this issue: 64,418

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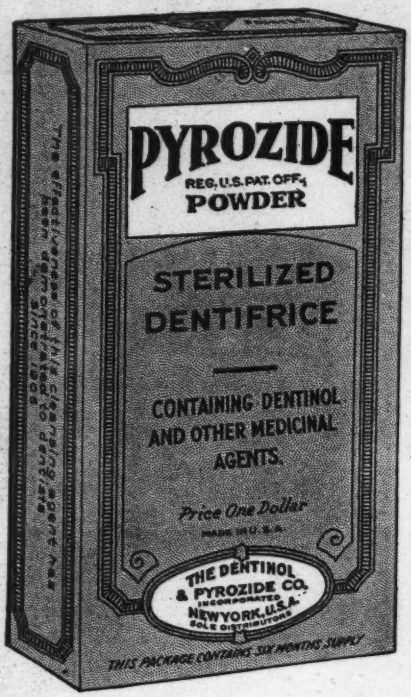

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The Business Manager's CORNER

By Mass

February, 1929 No. 91

AS the more elderly customers of this department know, the CORNER has been composed in Pullmans, in airplane cockpits, in hospital beds, and while snowbound at home.

The trouble is, you start a monthly "feature" like this and you must keep it going—in spite of hell, high water, and other celebrations, and of course whether there is anything to write about or not.

So, yoked as I have been to these four pages for more than seven years, I always welcome new experiences—anything in the way of a minor adventure that presents itself. Last Summer a plane trip furnished copy—and also provided several friends with the spectacle of a publisher scared to death. That is often the case with these adventures in pursuit of copy: I'm revealed in a bad light, and while the entire revelation never gets into print, you can't go through an experience discreditable to yourself and write of the episode at all without at least some of the bad light being reflected in the account.

But I guess it can't be helped, and, although I rather shrink from writing in the CORNER of this Mayo experience, I must write of something this evening, and, after all, I went up to Rochester, Min-

nesota, last week in search of copy so I may as well use it.

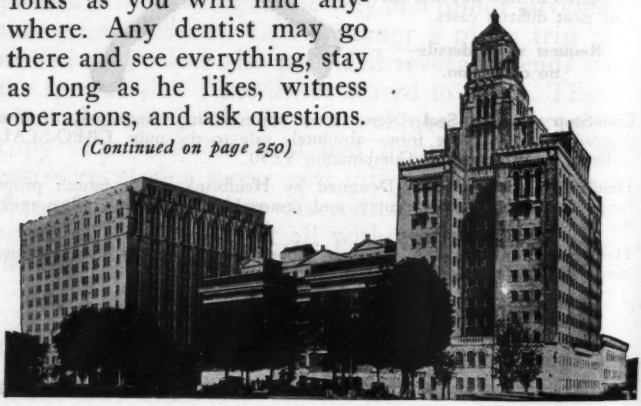
"Come up to Mayos' with me," said Jack Fisher. "All right," I yessed him—thinking only of white-tiled rooms and shiny big sterilizers and things like that—a sort of professionalized Child's restaurant effect, minus the wheatcakes.

Well, I got there, and met Jack, as planned. Jack had picked up Ed Cameron along the way. And when the three of us arrived at the Mayo Clinic who should check in as a patient but Harry Bosworth, for a going-over previous to his European trip.

Dr. Lou Austin, associate of Dr. Boyd Gardner, head of the dental department, took us to lunch at the University Club and it was fun to order Boston cream pie, painted thick with whipped cream, to top off steaks and things, while poor Harry counted calories and glowered at us over a saucer of stewed vitamines. But Harry was going to be able to do some of the last laughing, which is supposed to be best.

The Mayo Clinic is wonderful. You can't get any real conception of it from reading about it. At least I never have. But you can find out all about it by going there, for the staff-members are as hospitable folks as you will find anywhere. Any dentist may go there and see everything, stay as long as he likes, witness operations, and ask questions.

(Continued on page 250)



Dr. Austin devoted nearly a full day to us. As you will discover, he devoted *too* much time to me. Also, I ate too much lunch for a guy with a touchy stomach who intends to go in for intensive medical research.

All morning we had been looking over the new clinic building—fifteen stories of proof that you can make the world pave a pathway to your door, even though the door happens to be in a village like Rochester.

The Mayos' doors are massive bronze ones and the rest of the new building is in keeping with them—marvelously designed for both beauty and utility. The interior is as gorgeous as a modern bank—and the atmosphere is infinitely more friendly.

The day we were there I judge there were anywhere from a hundred to two hundred people in the reception room; the clinic serves about 70,000 people yearly.

Well, this was all fine; I love to look at beautiful new buildings and dream of a far day when ORAL HYGIENE will occupy a building of its own with bronze grill-work doors and an athletic flunky to open them. It costs nothing to moon about expensive architecture.

But after lunch it began. "Let's go see the museum," said Dr. Austin. "Great!" I thought, "a lot of interesting relics, old instruments and things like that."

There were plenty of relics all right—relics of *people*—the pickled internal works of people—oh oh.

I got a little faint and started for the door. Jack grabbed my arm; "Did you *ever* see such a lovely liver!" Harry laughed nastily. I sidled away from them and tried feeling my way out with my eyes shut but bumped into something; I opened my eyes and found myself face to face with a big glass jug full of stomachs. Whooey!

By that time I was just tottering but managed

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BUILT UP TO A STANDARD — NOT DOWN TO A PRICE

ROCHESTER — NEW YORK

somehow to stumble to the door, past a mess of fierce diseases carved in colored soap.

In the corridor I was busily engaged in snuffing fresh air when Dr. Austin caught up to me and said, "Let's go over to the Worrell Hospital while I do a couple of operations."

"That will be great, Doctor," I said, but muttered to myself, "It will be great because I will sit in the reception room and read a book and it won't be *The Journal of the A.M.A.* either with its trick pictures of tough cases."

But at the hospital, before I knew it, I was all dressed up in a white coat, looking very surgical, and standing beside an operating table. "Lean over closer," whispered Jack, "so you can see better."

"Lean over, hell!" I gasped savagely, "I will operate on *you* if ever I get my strength back."

By thinking of the tariff I managed to put myself into a coma until we got out of there.

I reached some sort of normalcy in Dr. Austin's car. The white coat had disappeared. We were bound for the Mayo Farm.

The air was bracing. The bare, brown fields—ugly as they seem in retrospect—looked beautiful to me then. "A farm," I thought, "I guess that's where they raise their herbs and calories."

We drove in. There were no herbs. A great building stood in the midst of broad fields. We went into the building. It was steam heated. It was full of animals. Many of the animals had not bathed recently.

Don't ask me to tell you about it—to describe in detail the pile of sliced rabbits, the gentleman swinging the expired cat by the tail, the ill monkey . . .

Right now I'm getting a little faint telling about it. This ends my medical research and right here it stays ended.

The Mayos are doing a great work but they are going to do it henceforth without any aid from me.

CONTENTS

February 1929

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A Journal for Dentists

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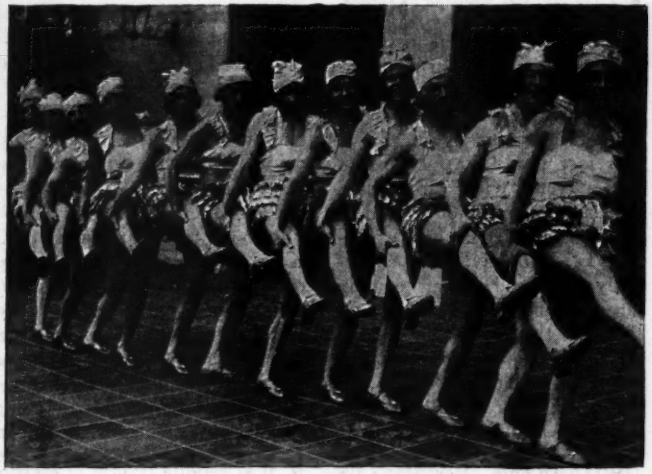

Making Whoopee

"Ladies of the ensemble" rehearsing their steps for the forthcoming musical review of the College of Dentistry of the University of Southern California. The laughing lasses in this case are all robust lads who are, in private life, big forcep men at the University.

The Carnegi nt

By Alfred J. As D.

Is the report by Professor Gies to the Carnegie Foundation an interference or an approval of educational policies endorsed by the dental profession?

I WAS very much impressed with Dr. McGee's, November 1928, editorial in ORAL HYGIENE on The Carnegie Interference[1] for its point of view is rather unique and its presentation most significant. It is a fact that ORAL HYGIENE has a very wide circulation, reaching over 60,000 readers and that the article by Dr. Albert L. Midgley[2] was apparently not read by an equally large number, since it was published in the *Journal of Dental Research*, a journal with a very limited circulation. We are also informed that Bulletin No. 19[3], the subject of the controversy, has been distributed among 10,000 readers, physicians, educators, the laity, etc., included in this number. The 700 page volume, Bulletin No. 19, may not have been so thoroughly read by dental practitioners as it should have been, and after reading Dr. McGee's editorial, one, not fully familiar with the literature on this subject, would be left with the impression that the Carnegie Foundation for the Advancement of Teaching, under the guidance of its President, Dr. Henry S. Pritchett, came to the dental profession with the object of *interfering* in our affairs. That such is not the case, one need only read carefully the Proceedings of the Dental Faculties Association of American Universities for the years 1908-1923 published by the University of Minnesota.[4] It is my purpose to show that Dr. McGee, although with best of intentions, has failed to prove his point, with the evidence thus far presented.

Dr. McGee calls our attention to the fact that "When Dr. Kells objected to the presence of an *outsider* in the *innermost* councils of his profession, his objection should receive the most careful consideration (Italics not in the original). While neither Dr. Kells nor Dr. McGee have shown conclusively that the *innermost* councils of the dental profession have *objected* to the presence of Professor Gies *because* he was an *outsider*, it is a fact that *organized dentistry*, as represented by the American Dental Association, the Dental Educational Council of America, and other leading dental organizations, welcomed and still do welcome Professor Gies as educational councillor[5][6]. While it is true that *Dr. Kells*[7] *objected* to the *dictatorial manner* of Bulletin No. 19, directed to the dental pro-

gi nterference

Asgis, D. S., New York City

> It is the policy of ORAL HYGIENE to present various angles of thought upon important subjects so that our readers may form their own conclusions — Dr. Asgis takes issue with the Editor.

fession, it is not true, as Professor Gies[8] has adequately shown, that the Carnegie Foundation, in publishing Bulletin No. 19, has in any way assumed a dictatorial position over the dental profession. It is unfortunate that Dr. Kells, in his *rejoinder to Dr. Gies,* left us with no more information than the following statement:

"On the face of it, it might appear that Professor Gies did score some good points, but I really do not believe that they would so *appear* after a reply. I believe they could be *shot full of holes,* but for good and valid reasons, I cannot *at this time* take up all these points which Professor Gies discussed[9]."

Professor Gies' statement on the issue of the Carnegie Foundation's *dictatorial policy,* toward dentistry, clears the matter of any possible confusion. It reads as follows:

"The Bulletin consists of a report *to* the Carnegie Foundation, and a preface in general allusion to it. If there were any dictation in the report, it would be dictation to the Carnegie Foundation by the author of the report. The preface, by the President of the Foundation, commends the report to public notice, nothing more. The report presents facts, findings, opinions and recommendations, unattended by any power of enforcement—a very poor basis for expectant dictatorship[8]." (Page 268.)

There is no doubt that while Dr. Kells, Dr. McGee and myself[10] [11] are agreed on one point, namely, that Bulletin No. 19 leaves much to be desired towards solving the dental educational *problem,* this is not to be understood that our *objections* or *disagreement* with Bulletin No. 19 are the *same* in the three instances. As a matter of fact, they are *three distinct disagreements* with the *conclusions and recommendations* contained in the report and not with the *facts* concerning the dental schools in the United States and Canada, covered in Part VI (pages 245-617).

1. Dr. Kells *objects* to Bulletin No. 19 because it recommends reforms in *dental education* and in *dental schools,* whereas it (Dr. Kells refers to the Carnegie Foundation) should reform *the State Boards.* In that respect the report *would accomplish something worth while.* Dr. Kells emphasizes the fact that:

"The main object of this *review* is to try to excite an interest in this state board business, and get the boys a fair deal in the future[7]."

2. Dr. McGee *objects* to Bulletin No. 19 because it recommends a higher cultural *predental* course for future dental practitioners. It is in substance an *objection* to the proposed re-

form in the dental curriculum, the 2-3 dental plan.

3. In my opinion, the major defect of Bulletin No. 19 lies in its failure to recognize *dentistry as a specialty of medicine* (although it recognizes dentistry as *oral health service,* and places it on the same plane of *health* service with the *nursing profession,* etc., and not with the other *medical specialties)* by requiring of *all* (not those who merely as individuals wish to by choice or caprice) *future* practitioners of dentistry a *full medical qualification* before entering the dental school.

To begin with, if there is actual interference taking place, according to Dr. McGee, if there is any *outside* interference at all, it is not on the part of the Carnegie Foundation but on the part of Professor Gies.

The supposed Carnegie Interference, according to Dr. McGee, lies in the *educational field exclusively.* We may, then, pointedly ask the question: Does the 2-3 educational plan, as proposed by Professor Gies in Bulletin No. 19, indicate *interference* with dentistry as it *should be* run without outside *interference;* or is it an *approval* of dental educational policies? Is this *interference* a reality or a fiction? Does it exist?

As for myself, I am satisfied with the answer given by Professor Gies on the question of the *cost of dental education,* which Dr. McGee contends makes a dental course for the *poor boy,* under the 2-3 plan, prohibitive:

"The cost of dental education for general practitioners in the two-three graduate plan, as proposed in the Bulletin, need not be greater than that on the prevailing one-four plan, and may be less."

As far as it concerns dental schools that uphold the 2-4 plan, a three-year professional course in dentistry (Gies plan) is certainly a concession to Dr. McGee's demands. In New York State, the 2-4 plan is legally enforced.

If we put the proposition in more specific terms, we may inquire: Does the Carnegie Foundation demand higher standards for dental education because they want to keep the poor boy out of dentistry; or is it *because* they want to keep the poor boy out of dentistry that the Carnegie Foundation demands *higher standards* for the education of the future dentist? This is a question for the reader to decide and needs a separate paper.

I have a feeling that *commercialism,* in medical education in the past, has paraded under the guise of *protecting* the *poor boy.* This bubble has long ago been blown up in medicine. It seems now to reappear in *dental education,* even though with *university affiliation.* Let us hope that this obstacle to advanced standards in the training of dental practitioners of the future will have the fate that it had in medical education.

Granted that there is some validity to the argument in fa-

vor of the *poor boy* opinion, is it an *educational* or an *economic* issue? Why not raise another question in this connection; if the schools are so very much in earnest about protecting the interests of the poor boy, how about the *poor dentists* now in practice? What about the *poor public* and the *poor dental services* it will receive from the *poorly educated dentists?* Why not look for means other than reducing the *quality* of the already *poor* dental curriculum?

Following in sequence our discussion, we are next led to the question of the curriculum proper. Is the 2-3 plan, as proposed by Professor Gies in Bulletin No. 19, a plan that has been proposed by an *outsider* or have not *insiders,* both proposed and applied the 2-3 plan? Is it not a fact that the 2-3 plan has been in operation at Marquette University under Dean Henry L. Banzhaf, former President of the American Dental Association? Is it not a fact that the 2-3 plan has been endorsed by the Dental Educational Council in 1925[12] and there was no secret about it? On the other hand, Dr. McGee has not show *wherein* the 2-3 plan is an *interference,* and *why* it is an undesirable plan, and *how* his plan (Dr. McGee surely must have in mind a *better* plan) will solve the *economic side* of the dental education problem without impairing the *quality* of the dental curriculum. How much more can the *cost* of dental education be reduced and on what *principle* shall this reduction be based?

After all is said and done, it may be that Dr. Kells, as Dr. McGee says, *was right, only he didn't go far enough.* And I too, feel that Dr. McGee may be right but didn't go far enough.

There is no doubt that up to the time of the issuance of Professor Gies' report, Bulletin No. 19 of the Carnegie Foundation, dentistry was considered by dentists and the world at large—with the exception of a very small minority of dentists and physicians—as *mechanics, tooth-pulling* and the like. It seems to me that one of the outstanding contributions of Professor Gies and the Carnegie Foundation to dentistry is the report's endowment of dentistry with a *health* quality. Although dentistry—in practice—always was qualitatively of the nature of *health service,* it never had official sanction as such. It has this sanction now. The next logical step is to raise dentistry to the level of a *specialty of medicine.*

The dental profession should be grateful to Professor Gies, and the Carnegie Foundation, for his efforts, irrespective of our disagreement with his program—because he has given us, for the first time in the history of dentistry and dental education in America, *data* as a basis to an *approach* to our educational *problem.*

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Look Out

The Ritter Dental Manufacturing Company, Inc., Rochester, N. Y., is in receipt of information indicating that a salesman, going under the names of both Larson and LeRoy, is representing himself as a member of the Ritter sales department, accepting checks in advance payment, made out in one case to "J. C. Ritter" and, in another instance, "J. H. Ritter." His most recent field of activity appears to have been Iowa.

In one case the gentleman called at the office of an Iowa dentist "to service the Ritter equipment" and after doing so, said he had a Ritter lathe with all accessories which he used for demonstrating at Atlantic City which he wanted to get off his hands; he made the *sale* and collected the down payment, making no delivery.

This party is in no way connected with the Ritter Company and should be apprehended and turned over to the police.

KOHINOORS

By John Philip Erwin, D. D. S.
Perkasie, Penna.

In the characters of Washington and Lincoln every ambitious dentist finds two indispensables for success and happiness, namely, courage and truth.

◆ ◆

Just a single pace before truth goes courage.

◆ ◆

The chopped-down cherry tree bore more truth than it ever could have borne fruit.

◆ ◆

The dentist can clean the mouth but only high ideals can cleanse the heart.

◆ ◆

Certainly, all men are not born equal as liars. Some are elected to office, and some are proud of the climate.

◆ ◆

Truth alone can take the "fear," out of your "inferiority complex."

◆ ◆

Slight lies oft wound the deepest.

◆ ◆

I would rather be deceived some of the time than be doubtful all the time.

◆ ◆

Adam is the only man who did not have to swear that he had never loved before. (How about Lilith?—*R.P.M.*)

◆ ◆

Lie, if you must, to others, but remember, only a fool deceives himself.

◆ ◆

The cleanest mouth may sometimes be the foulest.

◆ ◆

The crucial test of courage is adversity.

◆ ◆

Pity for you if a worse enemy possess you than an unruly tongue.

◆ ◆

Timidity has wrecked more dentists than have Camels and Chickens combined, to say nothing of Lucky Strikes.

If It's Money

By Bartlett Robinson, D. D.

WOULDN'T it be a grand and glorious old world if all of us could go along doing the things we wanted to do, when we wanted to do them, and not have to worry about anything?

I do not mean that I would want everyone to be able to do this, but all the nice people—like you and me for instance.

There would be a big change in dental practice, wouldn't there? And in a lot of other things, too.

But, that cannot be. Nothing is perfect, except perhaps to some of the poor nuts in the insane asylums, and even those folks are supposed to have their lucid moments, wherein they sadly reflect on the injustice of a social system that keeps them locked up while all the sane people, who to them are as dippy as a canoe, run free.

Take money, for example. Called the root of all evil, but gosh, how we grab for it. And, after we get it, spend it!

Now get this idea in your minds firmly before you read any more of this drivel; I am just as keen as the next one to make as much money as I can honestly, and ethically, but I can see a lot of things wrong with the way a majority of us dentists try to get it.

Have you ever cut a competitor's fee? Be honest, now, have you?

Yes, I have, too, in bygone years, before my supply dealer convinced me of the utter folly of it. And I think I can truthfully say that I lost money on every single case I ever got by that means.

Just stop and think why it is almost inevitable that such a thing would be true. Suppose that you have a "shopper" drop in who has been going to Dr. Hiprice, across the street. She needs a full upper and lower. You know that Hiprice charges $200 for that service.

You, thinking only of teeth, and rubber and labor, decide you will make it for $75, and you get the job. And "job" is the right word for it, too, when you get it that way.

Do you think that patient will ever be proud enough of her plates to go around telling people that you made them for her for seventy-five dollars after she refused to pay the other fellow two hundred for them? No, indeed, people, especially female people, are not put together that way. If she likes the plates, she is likely to lead people to believe that some high-priced chap made them, and by reason of your own foolishness, your fellow citizens will know that does not mean you, or if she does not

...ou Want

...D. ...w York

She was so unused to this dealing right out on the table that she broke down and told him the truth.

like them she will proceed to broadcast the fact, sparing neither your name, fame, location, queer equipment or odd personal appearance. I know, I've been there. On both sides of the fence.

I realize, of course, that there are various grades of dentistry, just as there are different strata of human society, but I'm talking about the ninety-five per cent of the dentists who do the work for ninety-five per cent of the population, the great middle class, which include, of course, myself and darn near all the other dentists in the land.

I was on my vacation down in Texas a few summers ago, where I heard of a most refreshing and unusual dental incident.

The leading practitioner in a little town of nine hundred people had been there for four or five years, and had built up a nice practice, at a good reasonable scale of fees. His local competitor was an old fellow who had become frightened when the other chap opened up, and had started "scaling" down on all his fees, already too low to permit him to make a living.

It happened one day that one of the town's most vigilant bargain hunters found herself in need of an upper set of china-

ware teeth, so she went out with the idea of saving all she could. She first went to the old fellow, who after all was a pretty fair sort of a dentist, and got his fee, forty dollars.

She waited until she thought the Doctor could see her do it, and boldly entered the younger man's office, feeling certain that the old fellow would reduce his fee to a still lower figure when she went back and lied to him about the fee the young fellow would quote her.

But this young dentist was rather an exceptional sort of chap. When she got in the chair, he began talking to her about dentistry, and in the course of the conversation, he came right out and asked her if she had not gotten a price from the other fellow, and when she admitted she had, he asked her how much it was.

She was so unused to this dealing right out on the table that she broke down and told him, and told him the truth, hoping that this dentist would quote her a price still lower. But she was due for a surprise.

Speaking in that slow drawl that is one of the native Texan's most lovable characteristics, he started in: "Sho, Mrs. Perry, you know you'all wouldn't be satisfied with a cheap little affaih like that fohty dollah plate. Why no dentist in the world can make a good plate for fohty dollahs. The Doctah *could* make some sort of a *plate* for you for the figah, but it could not please you.

"You'all like to look good; you wear good clothes, and you certainly do not want to lose the appearance that causes people to stare incredulously when they are told that you'all have a son in the sophomore class at Texas U., do you?"

The "line" was working. She was being "sold" on the need for good, equitably priced dentistry. But the big kick was still to come. Listen!

"Now Mrs. Perry, I want you'all to go back to Doctah Krick's office, and I want you to ask him to make you one of those gorgeous hundred dollah plates of his. There is no better plate to be had in all Texas than the one he makes for a hundred dollahs."

And the patient went over across the street, to the poor old chap who was afraid to try to make a living out of his practice, and he almost threw a fit when she told him that she wanted to get one of "those gorgeous hundred dollar plates" that the other dentist had told her he could make.

Dr. Krick used his head enough to allow her to leave after he had taken the impression and collected a deposit, and then he almost collapsed against the telephone while he called his competitor. He was man enough to thank him, and decent enough to ask what kind of a plate he should make for that patient, and since he made the first one, he has made a dozen or so more.

Now was that silly on the part of the young chap, to send

her back to the other fellow? It certainly was not. It was one of the smartest things he could have done. At one blow, he had killed all the real competition he had, the competition of low prices and indifferent dentistry.

With both dentists getting good fees for good work, the people in that little Texas town were more easily sold on the idea that there was a certain value to dental services, and while it helped the old dentist, it was just as helpful to the younger man, who would not have made a forty dollar plate anyway.

When the day arrives when all of us realize that the only real menace we have is our fear of each other, and that only real competition to dentistry is that of the folk selling cars, pianos, radios and the like, we will have almost arrived at a sort of dental millenium.

Latin-American Dental Congress to Meet in Rio

Rio de Janeiro, the city with the most beautiful harbor in the world, is to be the scene of the Third Latin American Dental Congress, which is scheduled to convene on July 14th, 1929.

There is every indication, says Dr. Frederico Eyer, President of the Congress, that the reunion will be unusually successful, and that the attendance of South American dentists will far out-number those which have assembled at any previous time. The previous Congresses were held at Montevideo and Buenos Aires respectively, and were entirely successful.

Uncle Walt Mason, famous prose poet, who will contribute regularly to ORAL HYGIENE *this year. In alternate issues Eddie Guest's verse will appear.*

TOOTHACHE

By Walt Mason

NOW my weary heart is breaking, for my left hand tooth is aching, with a harsh, persistent rumble that is keeping folks awake; hollowed out by long erosion, it, with spasm and explosion, seems resolved to show the public how a dog-gone tooth can ache. Now it's quivering or quaking, now it's doing fancy aching, then it shoots some Roman candles which go whizzing through my brain; now it does some lofty tumbling, then again it's merely grumbling; and anon it's showing samples of Spring novelties in pain. All the time my woe increases; I have kicked a chair to pieces, but it didn't seem to soothe me or bring my soul relief; I have stormed about the shanty till my wife and maiden auntie said they'd pull their freight and leave me full enjoyment of my grief. I have made myself so unpleasant that I'm quarantined at present, and the neighbors say they'll shoot me if I venture from my door; now a voice cries: "If thou'd wentest in the first place, to a dentist—" It is strange that inspiration never came to me before.

"DEAR ORAL HYGIENE:"

Readers of the magazine take their pens in hand

You're Welcome

Please allow me to express to you our very sincere appreciation for the generous contribution which you have made to the success of our annual membership Roll Call by extending to the readers of ORAL HYGIENE the cordial invitation to participate in Red Cross work through membership. It is, as I think you know, our goal to make this invitation a universal one and you have done much to make this possible.

In expressing our thanks to you, I am doing so in the name of our national officers, of our 3,500 chapters and of our 4,000,000 members. —DOUGLAS GRIESEMER, National Director of Roll Call.

In Egypt

Kindly add my name to the perpetual subscription list of ORAL HYGIENE. — E. ROZAKIS, D.D.S., *Alexandria, Egypt.*

Hospitalization

I like your editorial, "Hospitalization.* You seem to possess the faculty of saying something when you speak. I called the attention of members of the medical group to your article and they were of the opinion that you are leading the way to better and safer channels for patients, and I heartily agree with them.—W. H. PETTY, D.D.S., *Hollywood, Calif.*

*ORAL HYGIENE, July 1928, p. 1300.

This Will Please Don

Your new feature series of cartoons drawn by Don Herold certainly are interesting. I believe this feature to be in keeping with your delightful, progressive magazine.

I look forward to my copies of ORAL HYGIENE each month.

Sorry I overlooked your generous offer but if I am not too late, I would appreciate a picture for framing of Don Herold's July cartoon.—GEORGE L. DOBSON, D.D.S., *Honolulu, T. H.*

"Oral Hygiene" in Hawaii

Our idea in sending you the complete list of all the practicing dentists in Hawaii was prompted by the thought that a list would be of assistance to you.

Hawaii being a territory of the United States has the same dental laws, so that it is impossible for a

dentist to practice here without having his diploma from a U. S. dental college and, furthermore, for an applicant to pass our Territorial Board of Examiners, it is necessary that he have a very thorough knowledge of English. In fact our Board here has the reputation of being a pretty stiff one to pass, as compared with the average State Board.

Mainland colleges having the best representation of graduates here are the University of California, University of Southern California, Chicago College of Dental Surgery, St. Louis University, and North Western. With two exceptions, all of our dentists here were born either here in Hawaii or the U. S. proper.

Mr. W. H. Truesdell, of the Columbus Dental Manufacturing Company, spent the last two winters here in Honolulu and should the opportunity present itself, Mr. Truesdell could give you a very good idea of dental conditions here in Hawaii.

As to ORAL HYGIENE, I would again say that it is very popular with our dentists here in Hawaii.—CHAS. L. HALL, The Dentists' Supply Co., Ltd. of Honolulu, *Honolulu, Hawaii.*

"Opertunity"

I think such silly things as Don Harold cartoons are a disgrace to our profession and should not be given space in our magazines and publications. I hope that the members of the profession may have an opertunity to read my protest.—W. T. WILLIAMS, D.D.S., *Hodgenville, Ky.*

Another View

In reading over ORAL HYGIENE I happened to be very much impressed with the cartoon by Don Herold entitled "The Double End Toothbrush,"* I also noticed that you mentioned that dentists in 38 states had sent for framing reproductions.

I am studying children's work here at Forsyth and as soon as I have completed my studies I shall only do children's dentistry. This cartoon is very striking and I am quite sure that it will make a wonderful impression on children, therefore, I am very anxious to secure a reproduction for framing.

I realize that I am quite late in writing for this reproduction but I would greatly appreciate it if you would either send me one or tell me where I might obtain one.

I would like to take this opportunity to tell you that I am a reader of ORAL HYGIENE and that I enjoy the articles, and the information that I have received from reading it has been very beneficial to me.

Hoping to hear from you in the near future and thanking you in advance, I am,—W. McL. DAVIS, D.D.S., Forsyth Dental Infirmary, *Boston, Mass.*

*ORAL HYGIENE, July 1928, p. 1272.

More Baby Teeth

Seeing Dr. D. F. Orr's article in ORAL HYGIENE,* about a three weeks' old baby with a lower central incisor, which he removed and good results followed—caused me to recall a case in which I removed four supernumerary lower teeth for a baby before it could nurse.

I was practicing in Corsicana, Texas, about eighteen years ago. One morning Dr. L. E. Kelton, my family physician, requested me to go out in the country some four miles and help him decide what to do. I went prepared to remove the intruders. I found a well formed baby, and a mother and father much worried over the unwelcome lower incisors, two centrals, two laterals. We quickly decided that they should be "picked" out. The doctor held a roll of cotton on the tongue, I in like manner on the lips —then applied a little weak tincture of iodine and removed them in

*ORAL HYGIENE, Dec. 1928, p. 2328.

a jiffy. Then I applied the solution to the wounds. It took but little coaxing for the baby to take its *dinner* as a normal baby does. At the proper time, the usual quota of incisors came just as if the above incident had not occurred.

I hardly think that such freaks of Nature are specially new to the physician or the dentist who has practiced for a number of years.

If I remember correctly, the infant was about three days old.—T. F. DRISKILL, D.D.S., *Palacios, Texas.*

From the Philippines

After having read one copy of your publication, I was very much impressed with its soundness and far reaching significance said publication has given to the science of dentistry.

With or without obligation on my part, I would request you to send me from time to time copies of said publication that we may keep abreast of the progress of dental science.—JOSE T. ILUSTRE, D.D.S., *Catanawan, Tayabas, P. I.*

"Your Teeth" Articles

I think they are splendid, and am sure I can do a great deal of good with their help in this particular locality. I wish to take this opportunity to thank you very kindly for this courtesy.—W. E. SMITH, D.D.S., *Hamilton, Ohio.*

Back into History

I wish to tell you that I feel very grateful to you for your editorial in October ORAL HYGIENE. Although I have always been a member of the A.D.A. and the State organization, your editorial strikes me as being based on well-balanced reasoning.

One need but review the pages of history a bit (which I have not done since I can remember) in order to arrive at the conviction that human progress is not advanced by well controlled orthodoxy.

The rank outsider is the one who jars our finer sensibilities, and at times even succeeds in jarring us loose from those things which we wish to believe.

Smug belief in omniscience is an exceedingly dangerous thing. "Whom the Gods destroy, they first make mad." The little manikin on the peanut roaster: "he no makum go, it make heem go." Thus spoke the Yaqui after observing the manikin at work on the goobers.

Research work and *pure* science are doing much for mankind, but that is no reason to ignore the perfectly obvious, which may be beneath the nose, or just in front of the eye. But, as I have told you before it is unsafe to disagree with me lest you be eternally damned to the hottest corner in Hades. Agree with me and I'm delighted to have met you. Fine feller!

* * *

Due to my lack of training and a broader knowledge, I have been unable to dig out anything of importance regarding our early neighbors in this locality. Certain areas show universal dental caries; others none. A ring of sanguinary calculus still clings to some of the molars. They had pyorrhea. Their pueblos were situated on present-day waters, as a whole, that is to say, the country was arid. Authorities claim an approximate age of two thousand years for that period. Jaws are heavy and thick.

Theoretically these people would not have suffered from dental caries had they enjoyed a full and adequate diet. Had their diet been good they would not have been living in an arid country. It would be very interesting to hear from some of the Arizona dentists regarding the prevalence of decayed teeth in the Pimas and other present-day tribes over there. Their diet today is I presume much better than before the white man came. They

may still eat a few lizards and snakes for all I know.

The mere fact that some of the pueblos further north show no decayed teeth, and that some show that it was prevalent, would seem to indicate that diet is the governing factor. I think it can truly be said that the nomadic tribes had less dental disease. I have been unable to find a work on the teeth of the blacks of Africa. They speak of their physique but not of their teeth. Possibly Mrs. Akely might be able to tell us. She has lived with the pigmies and many other tribes.

If we could determine what the savages eat, differences in tribal customs, flora and fauna, etc., in different countries we might be able to pry it out. This would also shed great light on certain other things that are so diligently hunted.

What tribes suffer from skin cancers? Are they bald in old age? Do they have infections from foci? What is their average age at 60 (I mean the condition of the old carcass). What effect do seasons have on their breeding habits—on their food supply? There are so many questions that might be set up for a medical expedition to look into. No doubt these things are known, but they are not available.—L. A. JESSEN, D.D.S., *Santa Rita, New Mexico.*

Yes, We Will

We are students of the Oral Hygiene course at Columbia University, New York City, and would appreciate it if you would put our names on your mailing list, so that we may receive ORAL HYGIENE, which was recommended very highly to us.

Trusting this will not inconvenience you, we remain.—BESSIE ALINKOFF AND MARGARET WINTER, *New York City.*

This Was Not a Scotsman

An economical Welsh tourist, whose motto is "save money, honestly, if you can, but, in any case, save it," lately had occasion to visit a Paris dentist. His only remaining tooth had a hole in it nearly as large as a pea. Half way through the operation of preparing the cavity, extreme sensitiveness intervened, with the result that the dental surgeon inserted a dressing and bade the patient return two days later. Taffy, however, evolved in his rascally mind a scheme whereby he would only be called upon to pay half the fee. Ignoring the appointment, the cunning fellow went to another practitioner, explaining, through an interpreter, that the dentist who had done the preliminary work could not receive him till the day he was due back in his native Wales. Dental surgeon number two swallowed the story, loyally declared that his colleague's work could not have been improved upon, and got busy. Twenty minutes later, the Welshman left the premises, having paid a trifle of fifty francs in place of a hundred. The villain's heart was light.

Recently the two dentists met, and, in the course of conversation, practitioner number one learned of the mean trick which had been played upon him. In the future he will ask tourist patients from what part of Wales they come.—GEORGE CECIL, *Paris, France.*

Better Fitting Dentures

By Walter H. Hoyl, D. D. S.,
Jacksonville, Florida

AFTER a long and active practice in this branch of dentistry, I would like to offer a suggestion that may help someone, and possibly create a discussion that would be of benefit to us all.

For years I have contended that the most common cause of failures of successful dentures are due to the flasking of the case. With a little thought it is readily understood the flasking can easily destroy the occlusion.

We all have had this experience: The *try in* was all that could be desired; with the completed case the occlusion was off, and the case required extra milling. The operator is positive the teeth are not in the position that they were when tried in; the laboratory man will contend that he made no change. The completed case is an exact duplicate of the try in.

He is honest in his opinion, and the operator finds himself in doubt. He says to himself, "Possibly I was not careful enough with the *try in,*" and assures himself that with the next case he will be more cautious.

The *nigger in the wood pile* is the flasking. An approximal contact is not sufficient for occlusion. We all agree that occlusion is paramount for a successful denture.

Rest assured that no manufacturer of porcelain molds can make an occlusion for a base that is not properly flasked. Milling the denture will overcome the defect if only slight, however it is much easier to properly flask. A chain is no stronger than its weakest link; no matter how careful we may be, the laboratory man who over-packs, or uses a flask with only an approximal contact will cause a partial or complete failure.

The remedy: See that there is no excess of base material; that the parts of the flask come together; cut vents.

The fallacy of the old biscuit bite is too well known for comment. The supply houses offer us base plate waxes. Base plate is a misnomer in this case. Use a base that will not change its shape without breaking. A careful base plate bite, care with the *try in,* and with the technician flasking as above outlined will be of material benefit to us in making artificial dentures.

The Testimonial Banquet

By E. O. Gillespie, D. D. S., Detroit

THE evening of November 15, 1928, is a date that will be long remembered by all present on that festive, gala occasion. It will remain a red letter night for Michigan dentistry. The memories of the picture will forever remain undimmed for those who gathered to do honor to their friend.

At the Statler Hotel, Detroit, was tendered by the First District Dental Society of Michigan a testimonial dinner to Dr. W. A. Giffen, Michigan's most beloved dentist, and the Nation's goodfellow of the profession. Even the most unimpassioned account of this delightful event must needs deal in superlatives.

We have been privileged to attend many banquets and dinners of sundry kind and character, but never before have we seen such unalloyed conviviality, wholesome abandon, and goodfellowship, nor heard such honest expression of love and affection of men for a man as was so abundantly and spontaneously shown by the banqueters for the honor guest, Dr. W. A. Giffen.

After an hour or more spent in general exchange of greetings or renewals of friendships among the guests who were gathered from all over the state and country, the first course was laid at 7:45, the program closing at 11.

Dr. P. J. O'Reilley acted as toastmaster and his inimitable style and his Irish wit together created a most happy feature of the evening. The gaiety of the gathering was enhanced by music furnished by the John Stewart orchestra, members of which also furnished excellent numbers of quartet, trio, and duet selections — their best hit being a dedication to Billy, a parody on, "That's My Weakness Now," which delighted everybody, or in the old-day vernacular, brought down the house.

But it remained for Billy to arouse the banqueters to a spirit of wild enthusiasm, tempered with loving admiration, when he grasped the fiddle and tore from its rosined strings in masterful style the graceful notes of the Virginia Reel, the rollicking steps of the "Irish Washerwoman," or the playful movement of "Pop Goes the Weasel." Not to be out-done, everybody's friend, Col. Sherm Fowler rendered "Silver Threads Among the Gold," which set the stage for the toastmaster's opening remarks, which were appropriate, original and witty.

The speakers followed with well chosen toasts. Dr. Edward Spalding's toast, "Billy Giffen," was graceful and affectionate. Dr. W. E. Cummer of Toronto, spoke feelingly of Dr. Billy's friendship and his achievements,

Dr. W. A. Giffen

D. Detroit, Michigan

He fiddled for his friends.

and read a letter from his Chief, Dr. Seccombe, Dean of the Royal College of Dental Surgeons of Toronto, expressing the high esteem and recognition in which Dr. Giffen is held in the Dominion.

Followed Dr. W. H. G. Logan of Chicago, who paid high tribute to our guest, and read a letter of greeting from Dr. C. N. Johnson which expressed, as only Dr. Johnson can, the effectionate regard felt the country over for Dr. Giffen, not only of his professional achievements, but lovable spirit. Dr. John S. Hall in a few well chosen phrases added his felicitations to the occasion and to the honor guest, stressing the value of true friendships.

A bit of choice entertainment was offered by the movie featuring Dr. Giffen in "A Hole in One." This demonstration of Dr. Giffen's prowess at golf, to say the least, is "remarkable if true." Anyway, he qualified to receive the gift so gracefully presented at the end of the festivities by Dr. Charles Lane, a beautiful set of matched golf clubs, the gift of the First District Dental Society of Michigan. Bill was practically bowled over, but soon recovered to make a characteristic acceptance, and finally challenged all comers. He was also presented with a fine oil painting, "Deer Lake in the Morning," painted by his friend, Dr. George S. Monson of St. Paul, Minnesota, and given by the Dental Study Club of that city.

During the day and evening, scores of letters and telegrams poured in from well-wishers, and friends from every section of the country—from Ottawa to Los Angeles, from Oregon to Florida, deans of dental colleges everywhere added their expressions of confidence to the general demonstration of goodwill. The most characteristic of all probably was: "Bill—Shake, Cal." In connection with this message it is pleasant to recall that among Dr. Giffen's remembrances or testimonials of his active days is a commission from President Coolidge, sending him as a representative of American dentistry to the Seventh International Dental Congress.

At the conclusion of the toasts and immediately following the presentation, Dr. Giffen responded to these tangible evidences of the respect, confidence, and affection on the part of his host of friends in a characteristic speech. He briefly reviewed his early struggles in the profession, disclaimed any thought of ever having done anything meriting such honors and esteem as had been shown him, and rededicated himself to the task of carrying on so long as strength shall remain. Honor and credit were freely given his good pal, Mrs. Giffen, both by Dr. Giffen and all assembled friends for the sustaining strength, for her unswerving fidelity in giving encouragement and spurring ambition, which have made possible so remarkable a career.

So, Friend Billy, the age-old question — what is greatness— what is success? If to be loved by your fellowmen is to be great; if to make the world in which you live better for your having been here, you have won both greatness and success. You have been honored with every office of trust within the gift of Michigan and American dentistry. That alone is not enough to qualify you, or to place you permanently among our profession's great men. But so far as these honors have been bestowed upon you in recognition of your indomitable courage, your insatiable desire for useful knowledge, your generosity in giving aid to all who ask, your great heart and unselfishness which set you apart from so many others, then these honors must be taken as an index of your true worth, and the affection in which you are held by us who know you best.

This is but our feeble expression of the general feeling pervading the gathering where a spirit of cheer and good will and true friendship surcharged the very air.

"Auld Lang Syne," led by Sherm Fowler, closed the festivities.

Among those present from outside the State were, Drs. W. H. G. Logan and L. L. Davis from Chicago, W. E. Crummer from Toronto, Felin French from Ottawa, W. H. Jordan from Kansas City, J. J. Jungman from Cleveland, L. Weinstein from New York City, Drs. Clark and Taylor from St. Thomas, Canada, and Dr. Pettibone from Cleveland.

Specializing Too Early

One of the besetting sins of the present age is hurry, and if a man specializes too early he is apt to cultivate his own department to the neglect of others. An exclusive interest of this kind leads to narrow and distorted views whereby the part is magnified out of all true proportion to the whole, while concentration of thought along a single line interferes in many cases with the ability to take a comprehensive view of the whole morbid process. The "young man in a hurry" who thinks he knows all about his special subject runs a great risk of being a danger both to himself and to the community among whom he practices. His enthusiasm, so praiseworthy in itself, stands in need of direction and can only lead to disaster if permitted to have full scope within the narrow and cramping boundaries of his specialty. It follows, therefore, that although the specialist may devise some new form of local treatment, or improve methods of operative technic, there is a risk of his doing so without regard to the broad principles which underlie all rational therapeutics.—*Journal of A.M.A.*

A Worthy Man Passes

ORAL HYGIENE regrets that *it was not possible to publish these resolutions upon the death of Dr. H. A. Fynn in an earlier issue, but wishes, even at this late date, to pay tribute to the memory of a splendid man.*

Dr. Hyram A. Fynn was born August 4, 1856, in Salisbury, New York, and died in Denver, Colorado, August 1, 1928.

Dr. Fynn was graduated from the Philadelphia Dental College in 1885 and located immediately in Central City, Colorado, where he practiced until 1891, when he came to Denver.

His college record is worthy of mention. First, he was a teacher in the Denver Dental School. He was one of the organizers of the dental department of the University of Colorado, in 1896. He was President of the Board of Trustees of the Colorado College of Dental Surgery for eighteen years, and Dean for five years. During all of these years he occupied the chair of professor of Regional Anatomy. He was President of the Colorado State Dental Association in 1895 and of the Denver Dental Association in 1899.

He did much in molding professional thought and practice in the early dental history of Colorado, and was one whose judgment was highly respected and whose counsel was always accorded a respectful hearing in our associations. His charming personality, his personal magnetism, his courage in defending what he considered right, his just and fair dealing and his splendid efforts to advance and place dentistry upon a higher plane, are a few of the characteristics among many others which are responsible for the respect, admiration and honors bestowed upon him.

Whereas: it has pleased Almighty God to call to his eternal home our friend and colleague, Dr. Hyram A. Fynn, and

Whereas: we were stimulated by his splendid example in discharging the duties and responsibilities incumbent upon him, also by his professional attainments and high ideals in conducting a practice, and

Whereas: the death of our colleague and fellow member at a time when his future seemed so bright for greater achievement and happiness is a great loss to this Association and community; therefore be it

Resolved: that we, the members of the Denver Dental Association, in remembrance of one who was so loyal, true and beloved, shall cause a copy of these resolutions to be spread upon the minutes of this Association, a copy to be sent to the dental journals and to the family of the deceased.

A. C. Watson,
E. R. Warner
W. T. Chambers.

Systemic Metallic Poisoning

A Predisposing Cause of Pyorrhea Alveolaris*

By R. L. Shaw, D. D. S.,
San Antonio, Texas

AMONG the various theories on the causes of pyorrhea, some authorities claim it to be local infection, some systemic infection; others term it a local condition or systemic condition with secondary infection. It is also discussed in its different forms and its different stages. The theory which I base my opinion on is that pyorrhea proper is of one form, "systemic metallic poisoning" or after-effects of this with three distinct stages, acute, passing from acute to chronic, and chronic.

The one form of pyorrhea, whether it is suppurating pus or dry pockets with receding gums and bone (not including gingivitis), may arise from several sources, being the result of systemic poisoning of various metallic substances which attack and weaken the resistance of the periosteum, peridental tissues and alveolar process of the maxillary bones. The metals which enter this group are mercury, lead, bismuth, arsenic, copper, and phosphorus, and in all probability aluminum.

Before going further, I will give the physiological action of the above named metals and the sources by which they may enter the human body to cause a systemic poisoning. Please note the effect which each of them have on the kidneys as well as the mouth.

MERCURY

(1) Mercury (Hare's *Materia Medica,* XIX Edition), when taken into the body in one of its insoluble and mild preparations may cause no evidence of its presence until by frequent and excessive dosage the system in general begins to feel its influence. The first evidences of this are to be found in the mouth, and consist in tenderness of the teeth when the jaws are firmly and quickly closed, fetid breath, sponginess of the gums which might bleed at the slightest touch and the most prominent of all, excessive salivation, a condition sometimes called ptyalism. Acute or subacute inflammation of the kidneys renders the continuous use of mercurial preparations dangerous and they should be used cautiously if continued for any length of time in all cases of renal diseases, as mercury is a renal poison. The state of the kidneys should always be care-

*While realizing much truth in the author's statements the editor does not agree with the theory that pyorrhea is due solely to metallic poisoning or to any one cause for that matter.—*Editor* ORAL HYGIENE.

fully investigated before mercury is prescribed.

The ways by which mercury enters the system are numerous, some of which are as follows: calomel for medicinal purposes, the many compounds containing calomel in the form of pills and tablets, blue mass, intravenous injections of mercury, by absorption as is found in makers of mirrors, thermometers, felt hats, electrical workers of scientific instruments, gold refining, and other ways too numerous to mention.

LEAD

(2) Lead—Chronic lead poisoning is rarely produced by the soluble salts of lead, nearly always being due to the insoluble salts. The symptoms of chronic lead poisoning, or plumbism, are as various as it is possible to find variety in signs of disease of every kind. There is no train of symptoms which may not occur, and the occurrence of rare, anomalous symptoms in a given case should bring to the mind the thought of lead poisoning or syphilis.

Renal disease and arteriosclerosis are very commonly produced by lead, and it is not uncommon for chronic contracted kidneys to be found at the autopsy of a sufferer from chronic lead poisoning. If a patient with chronic lead poisoning has a urine with a persistent low specific gravity the prognosis is grave, as evidencing advanced kidney involvement.

The most important confirmatory evidence of chronic lead poisoning is a blue line on the gums just where they join the teeth. Its absence is not a negative sign, however, as poisoned persons cleanly in respect to their mouths often do not have it. This blue line is not, however, pathognomonic, as Oliver states that persons who have received large doses of bismuth by the mouth, or by injection into an empyema, may show a similar line. (See paragraph following on bismuth.)

The blue line may appear early or late. Charteris reports a case in which it appeared after taking only four lead and opium pills. In another case it did not appear until after 128 grains had been ingested.

Chronic lead poisoning occurs in painters, plumbers, electricians, mechanics, manufacturers of lead salts, and most everyone who is largely brought in contact with the metal in arts. It occurs from hair-dyes containing acetate of lead, from drinking water which passes through lead pipes, and from biting silk threads weighted with salts of lead. The most general way of getting lead poisoning is through canned vegetables and meats. Tin cans which contain these foods are soldered together in many places with a soft solder made from a high percentage of lead.

BISMUTH

(3) Bismuth—Bismuth subnitrate and subcarbonate may produce chronic poisoning after

prolonged use on wounds, or when internally administered in excessive doses, for some time. Ordinary doses are innocuous. As much as 4 to 5 drachms a day may be given for a short time without harm. The changes which ensue when the drug is abused are pallor of the face, the formation of a black line on the gums, black sloughs in the mouth and gastrointestinal tract, swelling of the tongue, salivation, desquamative nephritis and albuminuria. The changes in the mucous membrane of the colon are thought to be due to the precipitation of a soluble form of bismuth, circulating in the blood, being precipitated by the hydrogen sulphide in the bowel, with the result that the capillaries are blocked and this results in local necrosis.

A similar state may develop in the mucous membrane of the gums and tongue. Oliver states that a blue line on the gums resembling that seen in lead poisoning may develop.

ARSENIC

(4) Arsenic—Chronic arsenic poisoning must be differentiated from chronic lead poisoning and chronic alcoholism. All three of these states may occur simultaneously. From lead poisoning it is to be separated by the absence of the blue lines on the gums.

In susceptible persons where a full dose of arsenic is given, the mucous membranes become inflamed.

In subacute poisoning of this drug, the kidneys are manifestly irritated, for the urine is scanty, bloody, or albuminous.

Arsenic very frequently gains access to the body in many remarkable ways. In some instances it is obtained from wallpapers laden with arsenical pigmentation; in still other instances it occurs in artisans who handle arsenic-bearing ores in large amounts; by arsenical preparations used to spray trees and plants for eradication of insects, etc.; by use in devitalization of pulps of teeth and in medicinal use.

COPPER

(5) Copper—Copper sulphate when given in overdose by the stomach, convulsions of an epileptiform character may be present, and constant and profuse salivation is not infrequent. After death fatty degeneration of the liver and kidneys has been noted.

Copper generally gains access to the body by absorption of persons who constantly work with copper. Telephone men and electrical workers are the class you generally find affected.

PHOSPHORUS

(6) Phosphorus — During poisoning by phosphorus the urine is scanty and perhaps albuminous, and the urine is peculiar because of the unusual substances which are found in it.

In chronic poisoning by phosphorus, usually caused by inhalation of its fumes, by far the

most common lesion is necrosis of the lower jaw, which may be widespread or limited. The phosphorus by attacking the periosteum exposes it to infection, and pyogenic organisms attack the bone. Phosphorus necrosis never occurs in those who have no solution of continuity in the teeth or gums.

ALUMINUM

(7) Aluminum poisoning cannot be overlooked in considering the subject of the causes of pyorrhea. While there are no detailed physiological actions of aluminum given in *Materia Medica,* I will say that it being a metal there is all probability it will cause salivation as other metallic substances do. Certain foods when cooked in aluminum vessels, or even distilled water boiled in aluminum vessels will have a chemical change. This is easily observed by the discoloration of white rice when cooked in aluminum, and also tarnished silver will become very bright when boiled with either the foods while cooking or boiling distilled water in aluminum vessels.

SALIVATION

Salivation, which may be produced by the systemic effects of either mercury, lead, bismuth, and copper and the necrotic effects of phosphorus, lays open lesions by attacking the peridental membrane of the teeth and the periosteum of the alveolæ, exposing it to infection. The ingress of pyogenic organisms into these lesions attack the bone and cause a necrosis of the alveolæ. Thus they are accountable for pus pockets around the teeth.

Growing children may have systemic metallic poisoning until they are fully grown without having any deep pus pockets around the teeth, which is recognized by the inflamed and bleeding gums. After the bones are mature the pus pockets will begin to appear which is very easy to account for. In a growing child the repair of the bone is greater than the waste thus preventing enough loss of bone to permit a pocket to form; on the other hand after maturity of the bone the waste is greater than the repair, then the pockets will gradually begin to form and the teeth lose their support which causes them to become loosened.

In my observation, vital teeth are more susceptible to pyorrhea than teeth without a pulp, except in cases where the pulp was devitalized with arsenic. The arsenic penetrates the dental tubuli and causes a local poisoning of the peridental membrane which makes the tooth more susceptible than if the tooth had a live pulp. The reason vital teeth become affected more so than devitalized teeth is because the systemic poisons reach the peridental tissues from two ways, through the gums and through the pulp of the tooth.

The poisoned peridental tis-

sues, regardless whether it is mild or profuse salivation, acute or chronic, is to the condition of pyorrhea as the poison gases, or pneumonia lungs, are to tuberculosis, depending on the susceptibility of the individual.

HEALTHY VICTIMS OF PYORRHEA

Susceptibility for metallic poisoning is not measured by the strong or the weak constitution of a person, as you will find strong, healthy people who have pyorrhea in the last stages, on the other hand you will find the weakest tubercular people who have firm gums without any trace of pyorrhea. Susceptibility is measured by alkaline and acid reaction of the saliva of the mouth, indicating the alkalinity or acidity of the system. Testing the saliva with litmus paper I find out of 100 pyorrhea patients, 70 tested alkaline, 21 neutral, and 9 acid. On the other hand of 50 persons' saliva tested (who did not have pyorrhea and were past the age of 30 years) 35 were acid, 9 neutral and 6 alkaline.

The percentages of the above figures are easily explained insofar as we know that acid will break up metal, preventing the effects and accumulation of metallic substances in the system, which reduces the susceptibility for systemic poisoning.

DIET IS IMPORTANT

Diet has a great deal to do with control or prevention of pyorrhea by balancing the alkalinity and acidity. Foods which form acid in the system, such as sugars, starches, lean meats and buttermilk, are the kind of food which a patient suffering from pyorrhea should take. In mouths where the saliva is decidedly alkaline you will find that the patient is a very light eater of these foods.

There is a difference in a patient having an acid system and an acid stomach. You can find acid stomachs many times when the rest of the system will be alkaline and the saliva will test alkaline.

Pyorrhea, after it has set up, regardless of its extent, is very much influenced by the kind of diet the patient takes just the same as in any other inflammatory condition of the body. It is also influenced by any of the local irritants that will create a disturbance around the teeth, such as ill-fitting dental appliances, salivary calculus, traumatic occlusions or malocclusion. On the other hand we have patients whose mouths have part or all of the above named local irritants present and still there is no pyorrhea, thus establishing the fact that neither diet nor local irritation are the predisposing causes of the pyorrhettic condition.

PRE-NATAL ORIGIN

Pyorrhea may originate from a pre-natal or hereditary source in like manner as pre-natal or hereditary syphilis, and is especially caused by mercurial pois-

oning more so than any of the other metallic poisonings. Mothers who are habitual users of calomel as a purgative will generally find it necessary to take calomel during the period of pregnancy, which of course will have its effect on the child the same as the different kinds of foods the mother takes have their effects. Healthful foods are generally recommended for the mother who seeks to bear a healthy child, but very few are warned against strong medicines which will make faulty bones, and we all know that any form of mercury will make faulty bones and its greatest effect will be found in the maxillary bones where pyorrhea originates.

According to Buckley, when small doses of an unirritating preparation of mercury are given continuously for a certain length of time, the first effects are observed in the mouth, for it has a selective influence upon the gums, jaws, and adjacent structures. Chronic mercurial poisoning is often found to exist in the mouths of workmen who handle the metal or who are exposed to its fumes, such as makers of mirrors, thermometers, scientific instruments, etc. The drug is supposed to enter into composition of the cell by combining with the nucleinic acid, forming mercury nucleinate. It is absorbed gradually, and although every secretion of the body contributes to its general expulsion from the system, traces of the drug have been detected in the urine months after its use had been discontinued. It is therefore one of the slowest drugs known to be eliminated, and its cumulative action is a well established fact.

PYORRHEA NOT INFECTIOUS

We cannot term pyorrhea an infectious disease because it is not communicated even in case of man and wife who have lived together for many years. There have been two such cases under my observation today, one couple a man and wife who have lived together eighteen years; the wife has had pyorrhea all the time of their married life and the husband has no sign of inflammation of the gums around the teeth. The other case: man and wife who have lived together twelve years, with same report as the first couple. In both cases the husbands had no pyorrhea, saliva tested acid, and their wives had pyorrhea and tested alkaline.

IODIDES

Iodides (potassium or sodium) given internally while treating pyorrhea will substantiate the theory of systemic metallic poisoning. I have cases of two and three years' standing which I gave the usual course of iodides and the results are excellent, vice versa, I have cases of six months' standing where I did not prescribe the iodides and the pyorrhea condition is returning, indicated by the

gums bleeding. Iodides show their worth more in acute cases where the system laden with the metallic poison has not had time for Nature to eliminate it.

In the Southern states and Old Mexico we have malaria to combat; the treatment of course is generally mercury of some form. Twenty-five native cases of acute pyorrhea tested by pumping lime into the pockets, eighteen turned the lime dark, indicating the presence of mercury.

BIRTH CONTROL AND PYORRHEA

The most stubborn cases of pyorrhea are found in the mouths of young married women and is very easily accountable. Birth control. Most every emmenagogue preparation given, contains either calomel, copper or arsenic. When it is taken it is not taken sparingly.

The summary to the situation: the reason of pyorrhea increasing is because we have more people from day to day taking metallic drugs, handling metallic substances, living with metallic substances, cooking with, eating and drinking metallic substances.

The old oaken bucket and the shallow well over which it hung are practically gone and replaced by metallic pipes reaching from the bottom of deep water wells to the drinking cup, conveying in most instances mineral water of some kind. The earthen cooking vessels are no more, and the art of cooking in open fires or ashes is practically forgotten, being replaced by metallic cooking utensils. Stomach troubles and other systemic troubles arise from this source which calls for more metallic medicinal substances to be given. The increase in the number of people who absorb metallic substances such as mechanics, plumbers, electricians, painters, printers and others so numerous I will not try to mention them all.

As civilization goes on so will pyorrhea. We have passed the Stone Age, the Bronze Age, etc., and now we are in the All-Metal Age. To eradicate pyorrhea it would be necessary first to eliminate the cause, and if this was done, the wheels of progress would stop. It can be done individually, but it can't be done in general.

Oral Hygiene in the Schools

By Prof. Ernst Jessen, M. D., L. L. D.,
Basle, Switzerland

Translated from the German and annotated by Louis Ottofy, D. D. S., M. D., L. L. D., Chicago, Ill.

ORAL hygiene in the schools aims at one object: the perfect health of the oral cavity of every child in the school at all times. To accomplish this, it is essential that children should be instructed, the teeth regularly examined and treated, before the child is of school age, so that it shall enter the primary grades with the mouth in a perfectly healthy condition, and that by constant watchfulness and care the child shall leave school and enter life's responsibilities with the mouth in perfect health. This can be accomplished only with the co-operation of the children who will give the required personal attention to keep the mouth clean at all times.

There is now no longer any question concerning the influence on the health of the individual and hence upon the health of the entire community by clean, healthy mouths and teeth. This care during the school age of the children, is an important factor in the reduction of infectious diseases, and an important aid in the reduction of tuberculosis. The baneful influences were formerly not recognized, but are now quite well understood. Proof of this may be found in the fact, that in nearly all cultural countries, the authorities are introducing dental clinics in the schools.

Three roads lead to the goal: (a) education of the children in the schools; (b) regular examination of the teeth in each class or grade, and (c) timely and systematic treatment. Three factors must be co-ordinated: (a) governmental and school authorities; (b) a dental educational personnel, and (c) school dentists.

But the principal power which furthers these objects and plans is in the hands of the dental societies and dental organizations, which apply themselves to the advancement of public oral hygiene with the main object to improve the general health of the community. It is necessary to constantly urge upon, and to secure support for, and maintain interest in, the subject on the part of educational and medical authorities, and to do this by international means.

It would be desirable to secure co-operation between the various entities which are in-

terested in this subject, so that (although different methods may be followed), the same results shall be obtained. Hence in the field of public oral hygiene the International Stomatological Association can fully co-operate with the work of the International Dental Federation, and I have therefore complied with the request of Dr. Asgis, the Secretary of the American Society of Stomatologists, to furnish him a brief article on this subject for a "Symposium on Stomatology." It is with pleasure that I announce that it is now possible for me to comply with a resolution adopted by the F.D.I., at its meeting in 1924, and to establish a dental clinic for the children of the kindergarten at the health resort, Badenweiler, situated in the Black Forest.

For years it has been my desire to see the consummation of so desirable a step. But as long as the means were unavailable it has not been possible. Through the generosity of well-wishing people the means have been provided for the establishment of such a clinic and for its support, the interest of a fund which has been provided. The installation of this kindergarten clinic will now proceed. In the lower half story of the school there are bathing facilities for the children, and in the antechamber of this place the clinic will be installed, to serve as an example of how such a clinic should be arranged for small children.

Later on it will be possible for me to publish an illustrated description of this clinic, with the suggestion that similar clinics be installed in various cities and countries, in order that international oral hygiene shall take a further step to advance the cause of oral hygiene as a measure for the improvement of the general health of the people.

Annotation by Dr. Ottofy.—It is needless to call attention to the wonderful work of Dr. Jessen in oral hygiene of school children. In the above few lines he expresses his gratification in accomplishing a further, and a most important step in advancing oral hygiene. My observation has been along the same lines. I fully appreciate the good which is now accomplished in the dental infirmaries of the schools. But we have urged this work just a little too late in the life of the child.

Why wait until a number of cavities have formed before filling them? Why wait until the teeth are abscessed and affect the health of the child, before undertaking treatment?

The keynote of the whole matter lies in the care of the teeth of children before they reach school age, and I trust that we shall in the future give more attention to the teeth of the pre-school aged child.

Recently I made a brief survey of the teeth of some children in a public school; as it was made during the vacation period, several small children were brought in, some of them only three and a half and four

years of age. Not to offend the parents, I examined and tabulated the condition of their teeth, although I did not want the information for my purpose. These children had either perfectly sound sets of teeth, or just the beginnings of small fissure cavities in the molars, which could have been filled in a few minutes, without pain or inconvenience, and these children started on the road of dental welfare.

If there is anything like "preventive" dentistry, here it is to be practiced, and not in the child of school age or the adult. The number of sound teeth found in these small children, in a brief survey, was such that I did not tabulate the result of the survey, for the number of these sound teeth completely demoralized the expectancy of dental caries and the averages as I have found them in the children of school age.

From left to right: James Holt, Banks Haukins, Walter Naramore.

Each year the Alabama Boys' Industrial School of East Lake, Ala., holds an annual dental contest. These three boys were selected from 450 as the prize winners. They were awarded medals given by the Birmingham Dental Club.

These boys had kept their teeth in almost perfect condition and had observed all the rules pertaining to dental hygiene.

Dr. Charles W. Lokey presented the medals and Dr. John S. Crowder gave a talk on the care of the teeth.

This annual dental contest is quite an occasion at the Boys' School. The local newspapers covered the event with feature writers and staff photographers and the public turned out in gratifying numbers.

ORAL HYGIENE'S Library Table—

Books reviewed for busy readers

A Text-Book of Physiology*

By WILLIAM D. ZOETHOUT, Ph.D., Professor of Physiology in the Chicago College of Dental Surgery
Reviewed by the Editor

AT last a physiology by a man who knows that physiology is a study of the normal processes of the body and not a conglomeration of anatomy, pathology, materia medica and the rest of medicine.

Dr. Zoethout has written a very excellent text book which should find a wide circulation among students both undergraduate and graduate.

There are so many text books of Physiology and Zoethout is such a difficult name to remember that it would seem that a special title for this book would be a good thing. On page 290 there is an error in grammar. In my college days my professor of physiology always called attention to my grammatical errors. It is a pleasure to spot a slip now and then in this particular subject. If you want a good physiology this is it.

*Published by C. V. Mosby Company.

The American Text Book of Prosthetic Dentistry*

By C. R. TURNER, D.D.S., M.D., & L. PIERCE ANTHONY, D.D.S., F.A.C.D.
Reviewed by the Editor

THIS is a new edition of an ancient and honorable work. The American Text Book has well served generations of dental students. It is, in its new appearance, a book for the student rather than for the practitioner.

The man in practice wishes only the most up-to-date information. The student must have the old stuff as a background for development.

*Lee & Febiger, Publishers.

The newest thing in the book is the Gysi Articulator of 1926. There are some very good illustrations and some that are very poor. The one on page 74 labeled "The facial muscles of expression" is the worst. Also the question arises as to where there are any muscles of expression other than "facial." On page 54 there is a picture of an "upper *Later* incisor," whatever that is. The pictures of Mrs. Noah and her sister on pages 78 and 79 should be a warning to all who write dental books that it is not a good idea to have the hats photographed—it is too much like the date on an old building. Some more ancient pictures appear on pages 280, 281 and 283. Here again the millinery indicates time-bound traditions. "Indirect retention" as described on page 351 is very bad. The student can get a good idea of all of the old tools and appliances about the middle of the book. The crown splitter patented January 16, 1894, shown on page 635, was a good old instrument long before the Spanish War.

The old Logan crown is revived on page 570.

Devitalization of pulps is discussed on pages 574 to 579. Full directions are given for filling root canals and on page 574 the statement is made that "If a vital tooth is needed as a support for bridgework, and if the work is skilfully and thoroughly done, it is perfectly proper and justifiable to devitalize it and there will be no ill-effects from having such a tooth in the mouth." With all due respect for the authors, that one statement would discount even the many good points in the book.

On page 594 the treatment of putrescent pulp canals is described as in use in 1901. Why a book on prosthetic dentistry should take up root canal pathology and treatment is beyond me. I hope none of the students will even try to follow the directions on page 593. Then on page 593 some more antediluvian treatment of putrescent canals is given and on page 599 the septic suggestions are worse.

The American Text Book of Prosthetic Dentistry is historical rather than modern.

New Medical Arts Building For Baton Rouge

Baton Rouge, La., can soon boast of a new Medical Arts Building, to be constructed on Lafayette Street.

The structure will be nine stories high and the estimated cost is given at $300,000. Work will begin early this year or as soon thereafter as the plans can be completed.

Some delay is being occasioned by the necessity of getting individual plans from each of the 45 doctors and dentists who have already leased quarters in this new building.

An Open Letter to the American Tooth Manufacturers

By Charles Sheppard Tuller, D. D. S., New Orleans, La.

HAS it ever occurred to you that in spite of all the wonderful improvements made in recent years, artificial teeth are still a long way from natural in appearance? Well, some very important and necessary changes could be made without costing the manufacturer a penny and it would be the last necessary change to have truly natural-looking teeth.

Natural teeth have a distribution of color that in the majority of instances is not duplicated in any make of artificial teeth with which I am acquainted. A few diagrams will illustrate the situation which is, that the *yellow* in natural teeth occupies the *cervical two thirds* of the crown (Fig. 1) whereas in the artificial it occupies one third or *less* (Fig. 2).

I believe that any competent dentist will bear me out in this observation and he will find this true especially when he is called upon to make a porcelain crown or any *partial* restoration.

Practically all artificial teeth are made to a *full denture* standard and when used as such are all right as to color but the same teeth applied to a partial case are a flop in appearance.

Understand now this is no criticism of the colors themselves but only of their distribution. The remedy is only to teach the mould fillers to place the same color combination in different proportions in the mould and the trick is turned.

A recent pamphlet by one of the largest tooth manufacturers announced that "Collars do

Fig. 1

Fig. 2

Fig. 3

make a difference," and I'll say they do, for if of any length at all (Fig. 3) all the yellow will be in the collar and none at all in the crown. And simply because the mould filler has never been taught anything except to fill two thirds of the *total* length of the mould with gray.

It is not an infrequent occurence for my laboratory technician to be obliged to grind away a large portion of the incisal end of a facing, and thus bring the pins too close to the edge, in order to get a partially proper distribution of the yellow and in those instances of large or long collars where it is necessary to grind away some or all of the collar, it leaves a solid gray crown.

When so little effort and expense is necessary to effect so desirable a change may we not hope for a response by our very able tooth manufacturers who are now producing the world's finest?

Little Patients Help the Dentist in the North

Dr. W. J. Carson, traveling dentist in the country districts of Northern Ontario, has found a successful method to get children interested in dental work without fearing the chair.

Part of the dental equipment Dr. Carson carries with him is a baseball and bat.

After a good rousing game on the playground, the children carry water to the car, attend to the fire and become so interested in the details of the many arrangements necessary to dental practice in the wilderness, that the step to the chair is all part of the fun.

The Doctor has found painless extraction a simple matter. The method is to give the forceps to a husky lad who wants his tooth removed. The operation then becomes a trial of strength. Its pain is forgotten in the presence of his comrades and the tooth when extracted is a worthy trophy.

Of course, this plan of action, the Doctor emphasizes, is suitable only for simple extractions of the front teeth.

Dedicate New Dental Building

The annual meeting of the Washington University Dental Alumni Association will be held in conjunction with the dedication of the new Washington University Dental School building on February 22nd and 23rd, 1929.

"*Ask* ORAL HYGIENE"

Conducted by
V. Clyde Smedley, D.D.S., and
George R. Warner, M.D., D.D.S.,
1206 Republic Bldg., Denver, Colo.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Pink Novocain

Q.—I am boiling my own novocain solution—that is I bring the saline solution to a boil when I drop in my tablet—"Metz T." I use a sterling silver dissolver—and have been noticing a pink discoloration of my solution as soon as I draw it up into my syringe. I suspect the silver dissolver—am I right?—V.G.D.

A.—All novocain solutions should be prepared in non-alkaline glass containers and if stirred should be stirred with a non-alkaline glass rod. I should suspect the silver. However, if the tablets are too old and the adrenalin has broken down, the solution will have a pink color and will not be isotonic.—G. R. Warner.

[The silver container, in my office, is used exclusively. Your discoloration is due to too much heat. If you will first warm your normal salt solution, then drop in your tablets and stir with sterile wooden applicator, you will have a clear solution that will last all day.—*Editor* ORAL HYGIENE.]

No Model Distortion

In noting C.M.H.'s question in ORAL HYGIENE, November 1928 issue, to which you replied in "Watch your impressions," page 2125, would like to say that I had similar experience in times past. I found my difficulty mostly in the *plaster models* changing shape on setting. Plaster will change the shape of the model. For several years I have been using artificial stone for all models, and modeling compound for impressions with just a veneer of plaster to get a fine detail, and find my plate troubles have largely disappeared.

When vulcanizing directly against the model, I find by immersing the plate—after polishing—in a solution of muriatic acid (commercial) for several hours, that the deposit on the palatal part of the plate disappears. (Immerse plate in glass of water sufficiently to cover and add one or two tablespoons full of acid and let stand.)

I experience no trouble in using cellophane and I like the hardened and smooth surface that results.—T.A.G.

A.—Thanks very much for your contribution.

Your ideas are very good, and I trust you will submit other thoughts from time to time.—V. C. Smedley.

Sinus Trouble

Q.—I have a case of sinus trouble caused by the extraction of the upper right first molar some weeks ago.

The patient is a man of 49 years, a carpenter by trade. The upper right molar was extracted in August, three weeks later, after jaw had apparently healed, the patient took sick and examination showed the antrum to be infected, accompanied by severe pains in the tempero mandibular point upon opening and closing mouth.

Since the patient took sick, I have been treating the infected sinus with weak lysol solution, dioxogen, chlorazine solution on iodoform gauze and repeating this treatment daily, leaving the solution and gauze pack in through the day.

The opening through the gums at the point where the tooth was extracted, upper first right molar, leads up to the nasal passage. An applicator pushed to the full depth goes through the gums two and one-eighth inches.

At this time, however, the jaw from the first molar to the tempero mandibular joint is giving more pain than usual so I am writing asking you to give me all the information necessary for treating this condition. It is the first experience I have had with antrum infections.

Bicuspids on the upper right side are out but the second molar is still in position. After healing takes place, how can the opening in the jaw be closed?—E.W.D.

A.—Better refer this man to a good nose and throat specialist or an experienced oral surgeon.

Either chlorazine or normal salt solution are all right to wash out an antrum, but even a weak solution of lysol is too strong, I believe, and dioxogen should never be injected into an enclosed cavity as its effervescence is so violent that it may cause a pressure within the cavity thus forcing infection into deeper tissue.

It would be well for you to make a vulcanite splint supported by clasps on second molar and cuspid to cover the opening to prevent food or other matter from entering from the hole. When the infection has cleared up, the edges of the orifice should be freshened, and if necessary, a gum flap may be shifted over from the palate and sutured to position, closing the opening.—V. C. Smedley.

Take Radiogram

Q.—A few days ago a patient—male, age 63, physical condition good, although he has a strangled hernia, presented himself with a troublesome lower second molar with caries extending into pulp chamber and tooth badly affected with pyorrhea. I extracted the molar under a local anesthetic (novocain used) using all necessary precaution at my command. Upon extraction of the tooth, the patient was relieved almost immediately of his pain. That night he had good rest. The following morning upon awakening he found the area swollen and painful upon pressure.

I would very much appreciate it if you can enlighten me as to the cause and also your post-treatment under such circumstances.—H.J.N.

A.—We always have a radiogram of the involved area before extracting so that we may be sure that there is no other than the suspected tooth that needs extracting and that we may know the amount of periapical destruction.

It might be, in the case which you cite, that you left a granuloma, or that adjoining teeth are involved, or that there is a buried root near at hand. The periapical area may have closed up during the night and the infection process may be progressing. You may have a "dry socket," although it doesn't usually become painful so soon.

Our post-operative treatment consists in gently washing out socket if blood clot is good. In case of "dry socket" it has to be packed. In your case we would x-ray to see if loose bone, fractured root tip, or foreign body were in socket and then curette under nerve block if necessary.—G. R. Warner.

Investigated Erosion

In reference to your answer to D.M.P.* on erosion, I have checked dozens of cases of erosion and invariably find:

(1) Use of abrasive powders or paste.

*ORAL HYGIENE, September 1928, p. 1706.

(2) Vigorous and frequent use of a stiff tooth brush.

(3) Brushing of the teeth from mesial to distal.

(4) Erosion to a greater extent on the left side and on teeth that are most prominent and out of line.

In other words, my conviction is that erosion is caused by mechanical and not chemical action, and that it is every dentist's duty to teach his patients how to brush their teeth correctly.—J.T.M.

Take a Smear

Q.—I have recently had two cases of gum trouble and I wish you could advise me what remedies or application I could prescribe for the patient after leaving the office.

Both cases are women; one being pregnant and the other a girl of eighteen. The conditions being of a similar nature, deep red in color and somewhat puffed up with excruciating pain at different times. While the conditions in both mouths did not require much cleansing and scaling, I am inclined to believe that it is of a systemic cause, probably hyperacidity.

I treated both conditions locally with anodynes and relieved the pain to a great degree. When home they continued to suffer. I found that cold applications would relieve them sometimes and had them wash with an antacid mouth wash. I also had them abstain from spicy foods and tomatoes.—M.C.

A.—With the present prevalence of Vincent's Angina it is more than possible that the cases which you cite are that disease. The description of the gum and the pain coincide with the clinical symptoms. You should, therefore, have a microscopic examination made by means of a stained smear.

If it is Vincent's a wash at home, consisting of the following, will assist materially in overcoming the condition:

Peroxide of Hydrogen	5 oz.
Wine of Ipecac	3 drams.
Glycerine	5 drams.
Fowler's Solution	5 drams.
Aqua Purae qs.	8 oz.

M. et Sig.

Adjustment of the diet is always in order so that anything you do in that line will be at least indirectly helpful.—G. R. Warner.

Radio Broadcasts Dentist's Location

The Queensland Radio Station in Australia broadcasts the location of a traveling dental clinic every Thursday. Victoria and Queensland, two States of Australia, have been experimenting with traveling dental clinics for service in rural districts.

In Victoria, free dental service is provided for the school children up to the age of 12.

In Queensland, the treatment of adults at reasonable charges is also included in the service though the dental service to school children is usually free.

Both adults and children frequently travel long distances for treatment.

During eight months in 1927, the traveling clinic covered nearly 3,000 miles.

Local authorities consider these traveling clinics very satisfactory and are suggesting their introduction into cities and towns.

W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

The Worm Turns

THE Chicago Medical Society has instructed the Secretary to prefer charges of unethical conduct against six physicians who testified in court in favor of a *quack* medical concern.

It seem that in the effort of the Government, aided by organized medicine, to clear out nostrum manufacturers was completely balked by the testimony of certain men who were members of the American Medical Association. No individual would care to place charges and attempt to expel a group of men from a National Association. Consequently it was necessary either to let the matter drop and so encourage apparently ethical men to accept tainted money; or to have a strong component society take the matter up.

We congratulate the Chicago Medical Society upon its stand. One of the things that call for attention in all professions, dentistry included, is the loose way in which technical men will make statements under oath.

Expert testimony can be purchased in the open market and the value of expert opinion in court has the value of a post-war German mark. Many men who are ordinarily honest will emulate Baron Munchausen when answering a hypothetical question on the witness stand.

It would be a very good idea for every local dental organization to scrutinize the testimony of their

members when called to court as expert witnesses—when they tell the truth, praise them, but when they deliberately perjure themselves for a fee, expulsion is a very mild punishment.

The Idea

OVER in England is Lord Birkenhead, who objects to what the President said about America's big "Navee"—dividing with Britain the rule of the sea.

Old "Birky" says that our help wasn't much when it came to victory over the "Dutch." If America hadn't crossed the sea, there wouldn't have been any "Victoree" except the kind that Germans make which would cause Lord Birkenhead to quake.

Birken means birch, a kind of wood, head is a knob that is none too good. "Woodenhead" a name well chosen for one who seems to be "supposin" that anything that he might say would have an effect in the U. S. A.

A Canadian Veteran

Ottawa, Ont. (A. P.)—Col. John Alexander Armstrong, C.B.E., C.M.G., who organized the Canadian Army Dental Corps in 1915 and took it overseas, and one of the best known surgeon dentists in Canada, died here today. He was 65 years of age.

COLONEL ARMSTRONG did excellent work in the organization of the Canadian Army Dental Corps for war duty. His officers not only made precedents for military dentistry in the Army of Canada but they were greatly in demand for other portions of the British Army.

A British Appointment Book

FROM England comes another of the very excellent appointment books for dentists published by Cottrell & Company, 15-17 Charlotte Street, London W.1.

As I look over the book it seems to me that, in America, an appointment book could be modeled upon the same lines. One good idea is the notice of the British Dental Association meeting on the proper dates and giving the place of meeting. Also the time and place of the Incorporated Dental Society meeting is given.

These notices are not only a reminder that cannot be overlooked but they also act as a constant suggestion that those who practice dentistry must in justice to themselves and to their patients maintain membership in the associations of their fellow practitioners.

There is a fund of information upon non-technical dental subjects that will be very useful.

It's An Idea

Letter received by the health officer of a Southern state:

Dear sir. Will you please read this letter with care: I found a knew way to persive helth. You no every Body like to be helthy an live a long life. I have all ways had a sincre desire to do somthing worth while to helpe people. Now this idea have rose up in me so strong untell I cant rest without riten an tellin it an I hope an trest the lord that this will reach the poplar cord. Now this Knew develop to make health is to do this. Billed a large house an name it a garde an gill health house an put a Bath tubs in thire an at each Bath tubs put in 4 speakets one of cold warter one of hot warter one of a sault warter one of medson an compell people old people an children to come to this house every Weak an Be Bathe an have thire teeth pulled an Be Wade an have every Child throth mopt out. the old saying is a stitch in time saves nine lots of times desise gits in a city an Kill nombers of people before the doctors can cure.—*Journal of the A.M.A.*

Explaining the A.D.A.A

By Aloise B. Clement, Omaha, Neb.

A SMALL group of young women dental assistants, fired with the desire of organizing the dental assistants of Nebraska, inspired and encouraged by Dr. E. A. Meservey of Kearney, met with Dr. Meservey at Hastings, Nebraska, on October 18, 1917, to talk over and draft plans for the organization of a state society. Out of this nucleus has grown the Nebraska Dental Assistants' Association. So far as is known, these dental assistants of Nebraska were the first to band together, inspired with the ambition of raising the standard of their chosen calling, through regular meetings to be held at the same time and place as the State Dental Society. Education and efficiency have always been uppermost in our minds — and loyalty and service to the dental profession, and through them, to the laity, is our keynote.

Among many of our prominent Nebraska men in the dental profession we have found staunch friends and supporters. The very busiest of them have found time to lend a helping hand and give counsel. They have exhibited much patience and given freely of advice and encouragement, and of their time. A few years after our organization the State Dental Society appointed an Advisory Committee to whom the assistants might go for advice at any time, and who helped materially in arranging successful meetings. The first chairman of this Advisory Committee was Dr. F. J. Despecher of Omaha, who was its originator, and while not active on our present committee, he is still our very good friend and adviser.

I trust you will pardon my particular mention of Nebraska, but as a member of that Society I am proud of the fact that we head the list of state organizations. An equal amount of credit should go to every group, large and small, and I am happy to say their numbers are growing steadily and all are affiliated to form our beloved American Dental Assistants' Association.

There having been the long-felt want of a central organization that would help dental assistants throughout our United States to maintain their ideals, and raise the standard of service to the dental profession, there met at Cleveland, Ohio, in September, 1923, a small group of dental assistants to consider the advisability of organizing a National Association.

This group was called together through the activity of our President, Juliette A. Southard, then the President of the New York Society and Jessie C. Ellsworth, the President of the Chicago and Cook County Society, and out of this conference at Cleveland an Organization Committee was formed to outline a plan and draft a constitution and by-laws. This committee convened again at Dallas, Texas, in November, 1924, when it was hoped the organization of the American Dental Assistants' Association would be definitely accomplished.

The personnel of the Organization Committee consisted of Juliette A. Southard, Chairman; Jessie C. Ellsworth, Vice Chairman; Ida L. Dixon, Peoria, Illinois; Merle C. Cotter of Iowa, and Edna Weidenmuller of New York City. However, when the meeting was called at Dallas, the only members of the Organization Committee present were Juliette A. Southard, Jessie C. Ellsworth and Ida L. Dixon. Much effort had been spent in endeavoring to enlist the interest and co-operation of all the societies that the committee could secure any information about, and delegates from the following societies were present: Indiana State Dental Assistants' Association, Chicago and Cook County Dental Assistants' Association, Alabama State Dental Assistants' Association, Educational and Efficiency Society for Dental Assistants, First District, New York, and Nebraska Dental Assistants' Association. Proxies had been assigned to the Chairman, Juliette Southard, by New Jersey Dental Assistants' Society, Dental Assistants' and Secretaries' Association, Maryland, Burlington, Iowa Dental Assistants' Association, Cleveland, Ohio Dental Assistants' Association and Educational and Efficiency Society for Dental Assistants, Buffalo.

The plan of organization received most hearty approval and endorsement from many prominent members of the dental profession. Advisor and staunch friend, and supporter was found in Dr. C. N. Johnson, president-elect at that time of the American Dental Association. A copy of our proposed constitution and by-laws, which adhere closely to those of the American Dental Association, were submitted to Dr. Johnson and other members of the American Dental Association, and were endorsed by them without reservation, and following a series of meetings held at Dallas in November, 1924, our American Dental Assistants' Association was organized.

May I quote here from an address delivered by our honored President, Juliette Southard, "that in the minds of those who created the plans and specifications for the building of the American Dental Assistants' Association there was visualized a strong, beautiful temple, a veritable house of dreams into which should be builded the ideals, the

aims and purposes, and the work of dental assistants, whose lasting foundation should rest upon four sturdy cornerstones truly worthy of the best endeavors of its builders, the dental assistants of the East, and the West, the North and the South."

Could our house of dreams rest on a finer foundation than that represented by our four cornerstones? What finer ideals to build upon and endure through the ages than education, efficiency, loyalty and service?

Mary Lyon, a pioneer in education for women, and founder of Mount Holyoke College, said, "education is to fit one to do good."

The American Dental Assistants' Association connects members of smaller organizations and is far reaching in its efforts, endeavoring always to assist its constituent societies and through them, individuals, to raise their efficiency, thus making us all a more valuable asset to the dental profession and humanity.

The first organized meeting of the American Dental Assistants' Association was held at Louisville, Kentucky, in September, 1925, and earnestly endeavoring to fulfill their ideals of greater education, the Association, through its House of Delegates, passed a resolution petitioning the deans of the recognized dental schools and colleges in the country to establish departments in their schools for the training of dental assistants. They believed that dentistry must have competent assistants and that their training should be obtained under the supervision of dental institutions. At each annual meeting since that time, the House of Delegates has reiterated its desire for the establishing of such courses of training, and copies of the original resolution and subsequent action by the House of Delegates have been sent to the deans of all the recognized dental schools and colleges. Those present at our 1927 meeting held at Detroit, know that such a department of training has been instituted in the Dental School of the Medical College of Virginia, at Richmond by Dr. R. D. Thornton, Dean. Each constituent society of the American Dental Assistants' Association has a well organized program for greater education of its members; classes, clinics and lectures are given in all phases of dental assisting and kindred subjects. The instructors and lecturers are prominent members of the dental profession and others who are leaders in their respective fields. We call your attention to our exhibit in the Health Exhibit section of the American Dental Association at the Minneapolis Auditorium during the meeting of the American Dental Association, which illustrates our educational programs.

At the House of Delegates meeting, October 26th, 1927, a resolution was unanimously carried that the American Dental Assistants' Association place itself on record as being a strictly professional and educational or-

ganization. This was found necessary because of the unjust and unkind criticism of certain members of the dental profession who had branded the Association and its constituent groups as organized for the purpose of raising salaries and lowering hours of labor. At this meeting the Association also went on record as disfavoring the training of dental assistants by purely commercial enterprises.

Those of us who are fortunate enough to be able to attend these national meetings should absorb every particle of good to be derived from such contact, and take home to our state and local societies worlds of good material and much food for thought which will be applicable in our own societies. Nothing of a personal or selfish nature should enter into this opportunity for contact with others equally interested in this, our chosen calling.

Since our Association stands for all that is honorable and fine, let us all put our shoulders to the wheel and help to keep it moving, always upward and toward our highest ideals. Upon the earnestness of purpose and loyalty of our members will depend our Association's future progress and influence.

We are grateful to the dental profession as a whole for whatever encouragement and support they have bestowed upon us. We appreciate the interest and cooperation of the American Dental Association and I believe I can safely pledge the loyalty and service of every one of our members, and we trust that we may continue to receive the encouragement and help that will spur us on to bigger and better things.

To our President, Juliette Southard, whose untiring efforts, persistent hard work, farsightedness, and well-balanced judgment have piloted our ship safely through these four years, we owe much of our success today. She has given us her knowledge, her experience, her strength, and last but not least a great deal of her time, this made possible by a genuine friend of dental assistants and their work, and an honorary member of this organization, Dr. Henry Fowler of New York with whose office our President has been associated for seventeen years. So to Juliette Southard, to Dr. Fowler, to our capable officers of the past and present, and to our many, many other friends in the dental profession, scattered all over the country, go the thanks and appreciation of all the members of our Association.

In closing let me express the wish in the hearts of every member, that we may always be worthy to dwell in our house of dreams, and keep the friendship of these splendid men in the dental profession, and these fine women who have worked so faithfully and tirelessly for our Association that the calling of dental assistant may become a dignified, respected profession for the betterment of humanity.

The Penetrating Eye

By George G. Villalobos, B. R., D. D. S.,
New Orleans, La.

THE Radiological Society of the United States in its thirteenth annual meeting in the city of New Orleans, was the most interesting x-ray event in this district for many years.

Several men internationally famous came from Europe to discuss the remarkable progress of x-ray since its discovery in Germany by Dr. William Roentgen in 1895.

Five x-ray specialists from Europe were: Dr. Behnken of Berlin; Dr. Holthusen of Hamburg; Dr. Forrestier of Aix-le-Bains; Dr. Lacassagne, Radiologist of the Pasteur Institute of Paris, and Professor Franz Groedel of Bad Nauheim.

The x-ray specialists believe they are very close on the trail of cancer and other dread diseases in their co-operation with other doctors.

The part that the x-ray has played in the battle against disease is not entirely realized by the public at large. In the history of Medicine, the discovery of the x-ray was almost as great as the discovery of bacteria by Louis Pasteur, the discovery of cellular pathology by Virchow, the circulation of the blood by William Harvey or the microscope by Loewenhek. Radiology has had a very beneficial influence upon diagnosis and has helped to place Medicine upon a scientific basis by eliminating much guess-work and making more accurate the treatment of malignancy.

The x-ray has been the third eye for dentistry. With it we are able to penetrate deeply. In root canal treatment, for instance, it has caused a revolution. Dental radiography is now an exact science demanding careful study in order to obtain good results, but is very simple so far as exposure and developing are concerned. The correct positioning of the film to avoid distortion has been the subject of infinite study. There are, of course, many complications due to variations in the contour and density of the jaws in different patients. This subject was very thoroughly discussed during the convention.

The x-ray, in combination with the moving picture, shows the movements of the human heart and it also shows the stomach in the complicated work of digestion.

Much is being done with x-ray in speeding changes in plant and animal evolution; development which formerly required a lifetime can now be forced in three years.

From this convention it is

hoped that there will be a standard international unit of measurement for the x-ray. This will probably be officially established next summer at the International Congress of Medicine at Stockholm. It is very interesting to know that radiologists in America, France, Germany and England have individually established their own units of measurement with less than a seven per cent variation among the various units.

Dentist's Picture Accepted

Dr. Thomas Lockie of Pontiac, Illinois, paints landscape pictures as a hobby. He has gained considerable reputation in this work and recently submitted one of his paintings to the critics who had charge of the Indiana Painters' exhibition to be held at Nashville, Indiana. His painting was accepted and was hung on display.

Dental Treatment for Pribilof Islanders

The offer of providing dental treatment for the white and native population of the Pribilof Islands has been accepted by the dean of the University of California Dental College. The Pribilof Islands are seven steamer days north of Seattle in summer and are icebound in winter. The inhabitants are engaged chiefly in hunting seals. The Indians have not received dental treatment in any form since 1926. Plans are being made to send to the islands H. C. Meade, D.D.S., a 1928 graduate. Only about twenty white people winter in the islands, the remainder of the inhabitants being Indians. They live comfortably in winter. Their quarters are well built, food is ample, radio reception is excellent and motion picture entertainments are given once a week.—*Journal of A.M.A.*

Occlusion or Confusion?

By H. E. Tompkins, D.D.S.,
New York City

AT the close of a meeting of the First District Dental Society, in New York, a few years ago, a group of men stood talking, as men are wont to do. One young fellow said, "Gee, I wish I held the position and reputation of the essayist of the evening!"

"Why, you can easily get yourself into the same position, if you really want to," said an older man.

"How can I do that?" asked the young chap.

"All you have to do is to sit down and write an article about any old thing. See that it is well written, as to English. Then mail it to some magazine. If your story sounds plausible, it will be published. Repeat the process a few times and you will find you have built up a reputation."

"But," objected the young fellow," what can I write about that the older men in practice would be interested in, and, furthermore, what subject do I *know* well enough to write intelligently about so someone else may gather technic and some knowledge? I have not had enough experience to write anything worth while."

"That may be true," replied the older man, "but as long as you say plenty of *words,* the question of right or wrong technic and the question of the truth or untruth of the *asserted* scientific facts will not count. What you say simply represents what *you* may think, not what the journal thinks. If you can get a few other men to believe *with* you, whether right or wrong, you have built up a reputation and will enjoy an enviable position."*

In the June 1928 issue of the *Journal of the A.D.A.,* which, being the official organ of the A.D.A., is assumed to be pretty nearly right, there appear eight different articles dealing in some degree with the general subject of occlusion.

The subject is discussed from two viewpoints: periodontic and prosthetic. In the eight articles there are, at least, seven different modifications of the subjects of anatomy, physics, mechanics and physiology. Each modification represents the conception of the individual writer. Yet there are seven brands of information or misinformation, as the case may be.

Along comes a chap whose interest in the subject of occlusion has been aroused. He avidly reads all articles he can find that bear directly or indirectly on the subject. He has a fine feast in that issue of the *J.A.D.A.* for all of the articles have been read before some society and apparently, at least, bear the stamp of approval of those societies.

Next, he reads another article in a journal of higher ethical standing (if such is possible), *The Journal of Dental Research.* Because this journal is thoroughly non-commercial and because its articles have been scrutinized by an awe-inspiring group of editors, its articles must be more nearly correct than a "commercial" organ such as the *J.A.D.A.,* he reasons. Forthwith, upon reading this article, he has still another brand of information which may or may not be right. At any rate, it is different from the others.

Then, if the poor fish reads some *other* journals he gets some more information of still different character.

After having read all this material, he *should* have a fairly clear conception of what occlusion is. He has. He has reached the conclusion that occlusion is nothing more nor less than "unbalanced confusion"; and, that with his next case, he will tell his patient all about the wonders of occlusion but, when making the case, he'll just send an impression and a bite to the laboratory and say: "Make me a set of teeth for a woman 37 years old and fat for four dollars."

* * * * *

Did someone else listen in to that conversation, I wonder?

*Dr. Tompkins has confused political dentistry with scientific dentistry—*Editor* ORAL HYGIENE.

ORAL HYGIENE Undertakes a New Activity

BACK in the early days of the oral hygiene movement, the late Linford Smith, founder of this magazine, initiated a plan for lay education which contemplated the use of national publications to carry the oral hygiene story to the public. So far as we know, this was the first step of the sort to be taken. The plan failed; the oral hygiene idea itself was too new.

The first motion picture, designed to teach good health through good teeth, was originated, financed and distributed throughout the country by Linford Smith.

Subsequently he conceived the idea of providing a series of brief articles on oral hygiene for newspaper publication. These were written by the present editor of ORAL HYGIENE and, as the "Your Teeth" series, have been and still are being distributed to newspapers throughout America. The magazine makes no charge for them, specifying only that they be published subject to the approval of the local dental society in each case.

In 1921 George F. Jones, of the Billings Dental Supply Company, Omaha, conceived the plan which was put into force by the Dental Welfare Foundation.

Linford Smith served as chairman of this body

which succeeded in circulating, in 1922, a monthly message to 445,141 families—well over a million people. The series was written by ORAL HYGIENE'S editor and approved by the American Dental Association.

These activities have been fruitful of good. They could not help but be. And they have encouraged others to similar effort: other newspaper series have been undertaken; other films have been produced, etc.

At present the fountain-head of the movement is the American Dental Association which maintains a Bureau of Dental Health Education. Committed to the belief that organized dentistry, the A.D.A., alone has the right to head the general movement, this magazine is content to do what it can to help, without attempting to dictate or to assume leadership to which the A.D.A. is entitled.

Organized dentistry is justified in viewing with at least mild alarm any general movement, prompted by commercial motives, which seeks to wrest authority from the professional body.

ORAL HYGIENE has for some time been planning to undertake a modest activity, in addition to the "Your Teeth" series. This will in no sense be a whirlwind "campaign." It is being undertaken slowly and thoughtfully.

The plan, in brief, is to concentrate special effort upon the school child. The details will be explained in future issues. Suggestions will be welcomed.

The plan has no commercial angle whatever. The profession will not be asked to pay for it. The trade will not be asked to pay for it. The magazine will finance it. Approval of the text of each message will be sought from the A.D.A.

ORAL HYGIENE promises no astonishing plans. It is merely going to add to its present regular activities a concentrated effort to reach the school children, aiding the work of those at present devoted to this task.

FATALITIES Following Extractions

By W. I. Jones, D.D.S., Columbus, Ohio

"Untoward results following the extraction of teeth are becoming altogether too frequent," says Dr. Jones, "and it is my opinion that there are three causes of the increase."

THE fact that this question is a matter of some concern is evidenced by the amount of space that has been given the subject recently in medical and dental journals and the rather too frequent reports of such cases in the daily press.

Dexter, in a paper read before the Ohio State Dental Society in December, 1927, reports four deaths in one hospital in Cleveland in the past two years. Buckley, in the *Journal of the American Medical Association,* November, 1927, reports three deaths in the New Haven Hospital and the newspapers reported two deaths in Columbus from the same cause during the month of November, 1927. I verified the accuracy of the Columbus newspapers by the records in the office of the city's Department of Health and, at the suggestion of Dr. Beer, Health Commissioner, I looked up the records for the entire year of 1927 and found that there had been eight deaths in Columbus in which infections in and about the teeth were assigned either as the cause or contributory cause of death.

The fact that one may run a splinter into one's finger and die a few days later of a general septicemia is not particularly bewildering to the physician or dentist, but it is a continual source of amazement to the layman. The bacteriologist knows it was not the bit of wood or iron, but the microorganism that was introduced into the wound along with the splinter that caused the infection. Thousands of persons every day meet with such accidents and suffer no inconvenience. Likewise many more thousands have teeth extracted without any apparent embarrassment.

Although the analogy between these two hypothetical cases may not be exactly the

same, there is a certain resemblance of relations. In the case of the tooth the infection may or may not already be present, but in either case the answer to the question: "What caused death?" is the same. "Infection."

It has taken a long time, it seems, to realize that the fundamental principles of oral infections are the same as those governing infections in general, and that dental surgery does not operate under surgical laws peculiar to itself, but is a part of the great system of general surgery. Skill, pre-operative cleanliness and careful post-operative care are all essential if the growing incidence of fatalities is to be checked.

It is apparent to those who read the medical and dental journals that the untoward results following the extraction of teeth are becoming altogether too frequent and it is my opinion that there are three causes of the increase.

The first is the unwarranted amount of radical surgery that is done on the jaws by the latter-day one-hundred percenter exodontist who, in his zeal to eradicate infection by his reckless use of the knife, rongeurs and curette, creates new fields for infection by breaking down all the biological defenses erected by Nature. Thomas Emmet has said, "The curette is an instrument of the devil." The obstetrician and surgeon have very largely discarded it, but the exodontist has adopted it and is wielding it with all of the abandon of a little boy with a new hatchet, thereby opening up new vascular areas for greater dissemination of infection than is the case in simple extraction.

The writer believes that the primary principles governing infections apply alike to all parts of the body. The same type of micro-organisms may exist in pelvic and uterine infections as exist in and about the teeth, jaws and tonsils. According to Findlay, "a woman seldom dies of pelvic infection unless she has undergone curettement or other equally meddlesome instrumentation." A similar situation arises when, after extraction of a tooth and removal of neighboring structures, there develops a widespread inflammatory reaction and a violent autoinoculation. Here, as in the case of an infected uterus that has been curetted, fresh wounds have been created and the wall of defense has been broken down. Gilmore says, "Even the removal of one tooth will occasionally cause excerbation of symptoms, especially if there has been curettement of the socket, or if the tooth has been removed by what is known as the surgical method. It rarely happens if removed by the ordinary method.

The second prolific source of trouble is the closure of the gum tissue, over the alveolar border and tooth socket by suturing following the extraction of infected teeth; such pro-

cedure is unnecessary and unscientific as it tends to prevent drainage and encourages the dissemination of infection. A general surgeon would not consider for a moment the closure of an infected wound. Drainage and the removal of irritation are the essentials.

The extraction of a tooth by any method is a surgical operation and rough, careless and needless traumatization is just as liable to be fraught with danger in this kind of surgery as in any other surgical procedure.

For these reasons it is well to remember that the granuloma at the apex of an infected tooth is not a pathologic growth, but only normal granulation tissue thrown up preparatory to the restoration of bone destroyed by the preceding acute process. The only thing that is necessary to be done is to extract the infected tooth and the granuloma will go on and complete its normal function of replacing the osseous tissue destroyed which it was unable to do before due to the presence of the infected tooth.

Third—the unskillful use of local anesthetics. It is my opinion, based upon clinical experience, that the use of local anesthetics combined with epinephrin is a very frequent cause in precipitating auto-inoculation and the violent reaction that sometimes follows its use in the extraction of teeth. An excessive dose of a local anesthetic in healthy tissues with its resultant ischemia or even a small dose in inflamed and infected tissues, whether by infiltration or nerve block, interferes with the circulation and nutrition to the parts, decreases the oxygen tension in the field to be operated, and, as nearly all the organisms producing these violent reactions are partial tension organisms, they are consequently offered a more favorable culture medium in which to grow just as bruised and diseased tissues offer little resistance to invading bacteria.

Of course, it is needless to say that good surgery is not the exponent of any single method for producing the best results, but it is the writer's belief that the careless use in excessive amounts of cocaine or its synthetic substitutes, especially when combined with epinephrin, is a fruitful source of trouble. In a personal communication from Dr. Emil Mayer, Chairman of the Permanent Committee for the study of Toxic Effects of Local Anesthesia, American Medical Association, he says, "I agree fully with you that the injection of a local anesthetic or practically any fluid into inflamed tissue is very apt to disseminate infection into neighboring parts retarding recovery and is certainly harmful." Martin Fisher says, "Unless local anesthetics are most carefully used and trauma is reduced to a minimum there is much subsequent

swelling of the injured part and great liability to infection."

An analysis of the eight cases reported to the City Board of Health in Columbus follows:

In case No. 1. No surgery was done. Patient died from some infection that probably had its focus in a septic mouth.

In case No. 2. The patient died three weeks after having two teeth extracted. He had an acute nephritis, with leuitic infection which was confirmed by a Wasserman, an hypertrophied prostate and at autopsy a tumor-like mass in the upper jaw, where the teeth had been extracted, was pronounced an osteosarcoma.

In Cases 3, 4 and 5. Several pathological processes were present and in the opinion of the attending physicians the associated oral sepsis in each case was an important factor, but in all probability not the only cause.

Case No. 6. A woman, age 38, occupation school teacher, had two teeth extracted on November the 7th, 1927, from which she suffered no inconience or symptons of auto-inoculation, as she returned to her work in the schools where she continued for almost a week. On November the 13th the family physician was called in, found the patient in bed unable to move without pain, complaining that her bones ached and that her joints were stiff and sore; among other symptoms that developed several days later was a marked distention of the abdomen. An internest was called in consultation November 25th. A blood count showed:

Red Cells	3,570,000
White Cells	22,000
Lymphocites	10
Pol	90.

Smear and culture from mouth showed a positive pneumococus infection. Patient died November 27th, twenty days after teeth were extracted.

There are several reasons why death in this case was in no way related to the extraction of teeth. The first is, there was no streptococcic infection.

The second is that pneumococci are not found in the teeth or about the roots of the teeth.

Third the length of time that intervened between the extraction of the teeth and first symptoms of infection.

In Cases 7 and 8. It is probable that death was precipitated by the extraction of the teeth. History as follows:

No. 7. Male, aged 58. Occupation, grocery clerk. Advised by a physician to have his teeth extracted. When he went to the dentist's office he was so sick that he almost had to be carried into the office. Mouth and teeth in such a deplorable condition that it was best described by the word "filthy." Three of the upper incisors, one of which was badly abscessed, were extracted under a local anesthetic. This was on Friday. On the following Monday afternoon at 2:30 his physician was called to see the patient who was in convulsions. Mor-

phine was administered hypodermically. Patient died ten minutes later during a convulsion.

No. 8. Female, age 18; occupation, clerk. On November 11th went to a free clinic and had four teeth extracted under gas oxygen anesthesia. Mouth became intensely tender and began to swell. Was advised to enter a hospital which she did on November 14th where it was unable to obtain her past history because patient was unable to talk without distress. Physical examination revealed head of normal contour, neck was greatly swollen and tender. No mastoid tenderness. Pupils equal and regular, reacted normally, rotations normal, nasal passages partially occluded, tongue greatly swollen. An ulcer beneath the tongue about the size of a dime. Smear and culture from tooth socket and ulcer showed many pneumo-cocci and a few gram positive cocci, single and in pairs.

Urinalysis:

Sp. Gr. 1.019
Reaction Acid
Sug. Negative

Microscopical:

Eryth. Occasional
Leucocytes
Bacteria plus

Pre-operative Diagnosis — A cervical abscess. An incision was made, under local anesthesia, under chin and drain inserted, but no pus was found.

Post-operative Examination:

Urine Sp. Gr.	1.017
Reaction	Alkaline
Sugar	Positive
Albumen	Plus

Blood Analysis:

Erythrcytes	4,180,000
Leucocytes	25,600
Haemoglobin	80%

Patient died six days after entering hospital.

In extracting teeth for the aged, the debilitated and those suffering from chronic degenerative changes such as arteriosclerosis, nephritis and diabetes, great care should be exercised and a modicum of anesthesia used, whether it be a general or local anesthetic, and if a local, preferably without epinephrin.

Do not traumatize. Remember that in bruised tissues or tissues injured by disease the oxygen tension or supply is lessened and in such a field the streptococci and staphylocci live and multiply.

Do not inject tissues with a local anesthetic that are already inflamed and infiltrated with bacteria.

Finally, dentists should remember, that a tooth is just as truly a part of the human anatomy as either the gall bladder or appendix and is capable of causing just as violent systemic disturbances.


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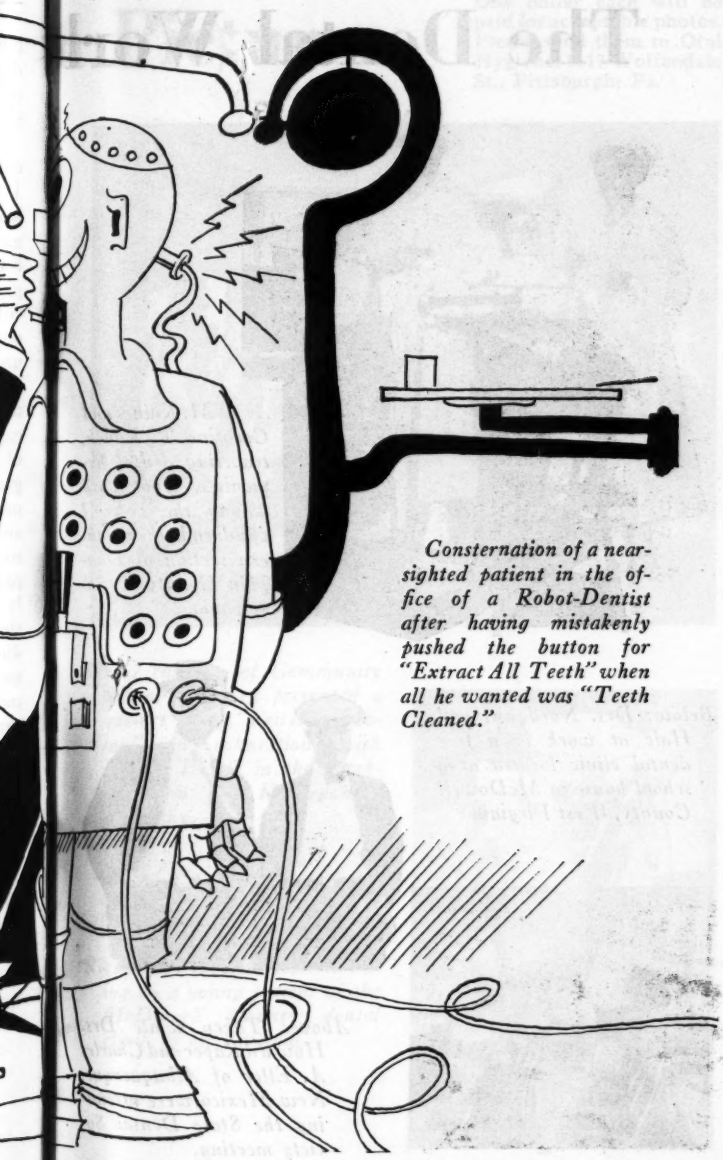
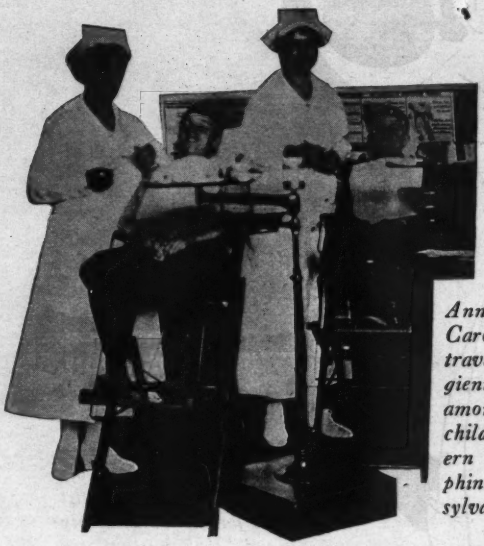
hero
+
Dr. Herbert W. Kuhm



Consternation of a near-sighted patient in the office of a Robot-Dentist after having mistakenly pushed the button for "Extract All Teeth" when all he wanted was "Teeth Cleaned."

The Dental World



Anna M. Kaines and Caroline T. Rauch, traveling dental hygienists, who work among the school children in the northern section of Dauphin County, Pennsylvania.

Below: Drs. Nordquist and Hale at work in a free dental clinic located at a school house in McDowell County, West Virginia.

Above: Taken while Drs. Howard Raper and Charles A. Eller of Albuquerque, New Mexico, were attending the State Dental Society meeting.

rld Pictures

One dollar each will be paid for acceptable photos. Please send them to Oral Hygiene, 1117 Wolfendale St., Pittsburgh, Pa.

School children of Community School No. 113 presented a one-act play, "Fritzi's Molar," in connection with Health Week, in the Funkhalle on the Kaiserdamm, Germany.

Right: Dr. D. M. Steele working on a young patient of the McDowell County dental clinic, West Virginia.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

"Why so depressed, Brown?"

"The horrible cost of living, old chap; constant bills for material, paint and shingling."

"What, house?"

"No, daughters."

First Stenog: "Did you observe Fire Prevention Week?"

Second Stenog: "Yes, I got into the office earlier; the boss was getting sore."

Artist Fellow: "Have you had any experience with etchings?"

Other Fellow: "Well, not since Abie had eczema."

Little Freddy: "Say Helen what is it that an elephant's got that nothing else has?"

Helen: "A trunk, smarty."

Little Freddy: "No, you dumb thing, a Baby Elephant."

The young judge had a bootlegger before him. It was his first case and he was undecided as to what to do with the offender. Excusing himself for a moment he stepped into the corridor and met an old time jurist.

"Oh, Judge," he said, "I've a bootlegger before me and I don't know what to give him."

"Well," replied the old timer, "don't give him more than $4 a pint—that's all I ever give."

Mrs. Green: "I went to the dentist this afternoon, and he made me keep my mouth open for a whole hour. It nearly killed me."

Mr. Green: "If he had made you keep your mouth shut for that long it would have killed you for certain."

First Girl: "Wouldn't your mother be awful angry if she saw you in that scant bathing suit?"

Second Girl: "I should say she would. It's hers."

Agent to woman working in the beet field: "Where's your husband?"

"He be up by the house in bed. We have a little baby at our house last night, Joe up all night, he all tired out."

"I've never heard a word uttered against him."

"What! Good heavens, hasn't he any friends?"

We do not pretend to know anything about ornithology but we are willing to say this much for the stork: He delivers the goods.

A he-man is one who bravely tells his wife the truth, let the dishes fall where they may.

"Say, old man, up at the farmhouse where I stopped there's a perfect little peach."

"You want to look out for those green peaches."

"And will you have gas, madam?" inquired the dentist, as a stout, elderly woman entered his office.

"Well," she replied with a doubtful glance at the doctor, "you don't suppose I'm going to let you tinker about me in the dark, do you?"

"Kiss me, my dear," said the husband in a thick voice. "It isn't necessary," replied his wife. I can tell you've been drinking without that."